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LECTURES.

CLINICAL LECTURES ON THE PHYSIOLOGICAL PATHOL-OGY OF SYPHILIS.¹

DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK, SESSION OF 1878-79.

BY FESSENDEN N. OTIS, M. D.,

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HAVING thus examined the syphilitic papular eruption through clinical observation, we are now prepared to consider the minute structure of the syphilitic papule as ascertained by scientific investigation; to consider, also, the physiological processes connected with its formation; and especially to trace the influence of the syphilitic disease germ (which we have already followed from the point of inoculation to the remote vascular ramifications of the body) into the syphilitic papule, and thus to aid in affording a rational explanation of this important manifestation of syphilis.

According to the observations of Kohn² upon the papular syphilides, "They are formed uniform and dense, limited clearly by infiltrations into the papillæ and corium. These infiltrations are constituted by an accumulation of cells, which are piled up in dense and regular layers around the vessels and in the interstices of the connective tissue. The cells are not destined to be permanently organized, as they degenerate and disappear, or assume a dull, granular appearance, undergo fatty degeneration, and are absorbed. Or they may become heaped together in the form of detritus, and form pus. Upon a section of the papule, it is seen that it is limited by two lines, formed of cells, which are accumulated in the corium and on a level with the papillæ. The latter two structures are glued together, while the epidermis is stretched. The papule is resistant in consequence of the accumulation of the cell elements, and its color is due to the capillary stasis, to any effusion of the coloring matter, and perhaps to the color

¹ Continued from page 565.

² Caractères cliniques et histologiques des Syphilides. Par Moritz Kohn. Wiener Wochenschrift. Caractères, 1870, No. 55. Archiv générales de Médecine, March, 1872.

of the new formation." These observations, it may be said, are in complete accord with previous though less extensive and minute investigations made by Auspitz, Virchow, Neumann, and Taylor.

Bäumler,5 the recent German authority, speaks of the syphilitic papular eruption as consisting of "well-marked, circumscribed infiltrations of the papillary body of the cutis." Of its intimate structure, he says "The minuter anatomy of the syphilitic papule has been given already in that of the primary affection. Indeed," he continues, "it is often impossible to distinguish an isolated secondary papule from a commencing primary affection."6 In his description of the microscopical examination of the syphilitic primary affection, or initial lesion, he says it "shows the tissue of the cutis and mucous membrane to be filled with great numbers of nucleated cells, which are very closely crowded together between the otherwise normally-appearing connective tissue bundles, and with especial density in the adventitia of the blood-vessels. The capillaries also show numerous cells in their markedly thickened walls."7 It will thus be seen not only that Bäumler's views coincide completely with those of Beisiadecki, in regard to the histology of the initial lesion of syphilis (fully given on page 216, Lecture I.), but that he finds the syphilitic papule under consideration to be, in its composition, identical with it, namely, composed wholly of germinal or white blood cells, the excess presumably due, in great measure, if not entirely, to a proliferation in loco.

We have seen that the local proliferation in the initial lesion immediately follows the application of the disease germ of syphilis, and that this result invariably follows such application to an abraded surface in a healthy human organism. The conclusion, that it is in consequence of the influence communicated by the disease germs to the normal white blood cells (thus setting up this excessive cell proliferation), is inevitable. If, now, we can trace the progress of the unhealthy cells into a papilla cutis, under circumstances favorable for continued excessive proliferation, and at a time when, through clinical observation, this accumulation is known to occur (inasmuch as it has already been shown that the character of the cell accumulation in the syphilitic papule is identical with that composing the induration of the initial lesion), then I think we may logically claim that the same influence which produced the latter gave rise to the former, and this

² Virchow, Pathologie des Tumeurs, Tradebbranc, vol. ii. p. 361, et seq.

8 Neumann, Lehrbuch der Hautkrankheiten, page 240.

¹ Auspitz, Ueber die zellen Infiltration der Leiderhaut medizinische Jahrbücher, vol. ii. p. 208, 1864.

⁴ Taylor, Observations on the Papular Syphilides, American Journal, Syph. et Derm., April, 1870, page 108.

⁶ Ziemssen's Encyc., vol. iii. p. 137, 1875.

Ibid, page 141.Ibid, page 110.

through processes in accordance with known pathological and physiological laws.

"The blood," says Rindfleisch, "is the medium of exchange of the material of the organism. It is the nutritive fluid which conveys to each individual portion of the body the nutritive ingredients necessary for its existence, and instead carries away from the parts the useless and injurious products of the chemical processes associated with nutrition."

Of the early development of the lymphatic system Rindfleisch says,3 "This is the third and (we say it with emphasis) the last chief constituent of the intermediate nutritive apparatus. Last, not according to importance, but according to time. Only when the development of the embryo ensues at a less rapid rate, when all the other organs have been founded and built up to a certain point, do we remark lymphatic vessels; still later, lymphatic glands. This doubtless is connected with the physiological significance of the lymphatic vessels as drains for the surplus nutritive material. As long as, upon the one side, no nutritive material is superfluous in all that is applied to the new formation, and as long as, upon the other side, the external coverings of the embryo are not too thick to hinder a free afflux toward without, so long we need no lymphatic vessels." And further he says, "We can say also the reverse, that luxurious new formations, catarrhs and surface secretions of all kinds, must be produced where the lymph conveyance is hindered; and we will find that this position in pathology is very frequently confirmed."

The blood, or medium of exchange of the organism, is, then, carried out by the arteries from the centre of the circulation, to the periphery of the body, and is returned to it by the veins. Intercalated between these two systems of vessels is that other distinct system of vessels called the lymphatic, which withdraws from the tissues such nutritive materials as are exuded, in excess, by the arteries into the tissues, and restores them again into the circulation at a given point. According to Willis 3 and also Von Recklinghausen, 4 while they do not distinctly claim with Rindfleisch that the office of the lymphatic system is especially to return the surplus nutritive material to the centre of circulation, yet they agree that there is a current of nutritive fluid which is constantly exuded by the blood capillaries traversing the tissues, and which is returned to the general circulation through the lymphatic vessels; in other words, that there is a tissue current from the blood

¹ Text-Book of Pathological Histology, Rindfleisch, American edition, page 181, 1872.

² Ibid., page 92.

The Sudoriparous and Lymphatic Systems, by Robert Willis, M. D., London, 1867, page

⁴ The Lymphatic System, by Prof. F. Von Recklinghausen; Stricker's Human and Comparative Histology, Sydenham edition, vol. i. p. 297, et seq.

capillaries always setting towards the lymphatic vessels. Now, at the nearest points of contact of these different systems of vessels, at the superficies of the body, we should expect to find collections of surplus nutritive or germinal material, which, after having been exuded by the blood-vessels, were unable, from any cause, to effect an entrance into the under-drainage vessels, the lymphatics. The relation of these vessels in the cutaneous envelope is described by Teichman. 1 Of the lymphatics he says, "The capillaries of this system lie exactly in the centre of the papilla cutis, whilst the blood-vessels traverse its periphery," winding up, "corkscrew fashion," until they unite at its apex. Rindfleisch says,2 "All these vessels are strikingly winding. It is particularly striking that the roots of the simple capillary loops wind corkscrew fashion around one another, until they unite at the apex of a papilla. The points of union or of curving are constantly dilated. Everything indicates that a certain increase of the pressure and retardation of the circulation must occur in the papillæ of the skin." Wagner says,3 "The resistance which affects the velocity of the blood stream lies in friction. It is greatest in the arteries, less in the veins, and least in the capillaries." Consequently it is in this juxtaposition of the blood capillaries surrounding the papillæ cutis and the lymph capillaries passing up through their centres, that is to say, in the spaces intervening between these, that we should expect to find germinal or other materials, escaped from the blood capillaries, detained in their transit into the lymphatic capillaries. At this point the force of the circulation has been shown to be at the minimum, the condition most favorable for proliferation. "Contact with the tissue and relative rest of the emigrant cells induces them, as it appears, first to essay their amæboid mobility, then to division." 4

The act of proliferation, when excessive, becomes a morbid process, thus predisposing to the coagulation of the fibrin contained in the tis-

sue fluid.

Carried by the outgoing blood current into the most distant capillary vessels, the syphilitic disease germ has found its way, directly and inevitably, into a papilla cutis. Its exudation into the tissue is favored both by the natural process of exudation and by the amœboid power of the disease germ or morbidly active white blood cell. For in the stasis incident to this locality these cells first essay their amæboid mobility, then to division. These predisposing forces and conditions with the proliferation and accumulation of cell material, and a separation of the

2 Rindfleisch, page 277.

¹ F. Von Recklinghausen on the Lymphatic System; Stricker's Comparative Histology, vol. i. p. 303.

Wagner's Manual of General Pathology, American edition, page 148, 1876.
 Rindfleisch, Pathological Histology, American edition, page 94, § 77.

⁵ See Lecture, first page, on the properties and powers of the disease germ.

fibrin from the lymph, resulting in a distinctly recognized hyperplasia of the papillæ cutis, causes the papules of syphilis to appear as a logical sequence.

I think, then, that it may be reasonably claimed that the papule of syphilis, always found in a papilla cutis, always composed of a dense cell infiltration of the papillary body of the cutis, is reasonably accounted for, - is shown, in point of fact, to be the necessity of a phys-

iological syphilitic infection.

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These papules are seen to vary in size according as the hyperplasic papillæ are more or less abundant, appearing as fine lichenoid elevations in some cases, while in the larger varieties an aggregation of hyperplasic papillæ occurs, and may be consolidated, through the escape of the hyperplasic materials, into the surrounding tissue. We are thus enabled to account for the variations in the size of the papules, and also to explain the apparent development of the papular syphilide in sebaceous follicles and sweat glands, which are said not to be supplied with lymphatic vessels. We are thus led to conclude that when they are apparently engaged in the formation of a syphilitic papule, it is only by their being aggregated into the papules by exudation of the plastic and cell material which has originated in the papillæ cutis.

Again reverting to our patient, we inquire as to the condition of his

hair. He replies that he has had no trouble.

I will now present another case, No. VIII., in the same stage of syphilis, drawn this time from our extensive field at Charity Hospital. Here, also, is a marked papular eruption, much more extensive than in the previous patient. I call your attention to him chiefly, however, for the purpose of showing the marked alopecia which has occurred, falling of the hair, eyebrows, and a perceptible thinning of the beard. This, you will observe, may occur in one case and not in another. Determination of syphilitic influences to different parts you will find to vary in degree in every case. The influence which is believed to cause loss of hair in this stage of syphilis, is derangement of nutrition in the hair follicle, by a cellular infiltration of the papillæ surrounding it. The loss, however, is rarely permanent. Natural or artificially induced fatty degeneration will probably remove the obstructing cell accumulation, when restoration of the hair will take place. Sometimes associated with the alopecia we may find the nails of fingers or toes the subject of trouble from similar cell infiltration into the matrices. The nails in such cases lose their lustre, and become dry and friable, or from denser cell infiltration disturbance of the circulation results in various forms of onychia, known as syphilitic. In this case I will ask you to observe in the eruption on his back that pustules and papules surmounted with little scabs (collections of dried sero-purulent material) are quite thickly

intermingled with the papules. This will be seen to some extent in almost every case of papular syphilide. In some instances we shall meet with eruptions at this stage of syphilitic disease, which may even present a general pustular character. These variations from the simple papular appearance are easily explained by reference to the minute structure and behavior of the syphilitic papule, as previously given by Kohn. Thus he says, "These cells [which make up the body of the papule] are not destined to become permanently organized, as they degenerate and disappear, or assume a dull granular appearance, undergo fatty degeneration; or they may become heaped together in the form of detritus and become pus." Pustular and vesicular eruptions at this period of syphilitic infection, with our knowledge of the processes through which the papular eruptions are produced, would seem rather to result from lack of formative power in the lymph, and from the inability to form, or the easy liquefaction of the hyperplasic materials evolved or exuded into the papillary layer of the cutis; this occurring probably from a low state of the system induced by general causes, or by some especial dyscrasia not necessarily dependent upon the syphilitic influence. In some rare cases usually in debilitated youths -- superficial ulcerations occur, involving large patches of the papillary layer of the cutis, varying from the size of a quarter dollar to that of one's palm, not unfrequently mistaken for a so-called tertiary manifestation, notwithstanding that they only appear in the usual period of the papular syphilide. With proper attention to the general health, they will always be found amenable to the treatment found most useful in the simple papular eruption.

(To be concluded.)

SIX CASES OF MECHANICAL DYSMENORRHŒA, WITH RE-MARKS.

BY VIRGIL O. HARDON, M. D.

Case I. M. G., aged thirty-two, married, nullipara. Has suffered from dysmenorrhoa since the third menstrual epoch. Experiences severe bearing-down, expulsive pain, commencing from twelve to twenty-four hours before the flow appears. She is obliged to go to bed and remain two or three days. Large clots are expelled, and their expulsion is accompanied by increase of pain. After menstruation ceases she is perfectly well until the next period. She has been married seven years, but has never become pregnant. Examination showed the body of the uterus to be in its normal position and of normal size. The cervix was long and conoid, with an external os so small as scarcely to admit a Sims's probe. Above the external os the cervical canal

was of normal size. All the tissues were free from pathological change. July 28, 1875, five days after the cessation of the menses, the patient was etherized, and the cervix slit up bilaterally as far as the vaginal junction. A small roll of cotton cloth was placed in the cervical canal, and a pad of cotton wet in glycerine placed against the os. These dressings were changed every second day. At the end of twelve days the wound was entirely healed. Menstruation occurred eighteen days after the operation, and was free from clots and almost painless. There has been no recurrence of dysmenorrhæa, and fourteen months

later patient became pregnant.

CASE II. K. N., aged twenty-eight, married, nullipara. Has suffered from dysmenorrhea since two months after marriage. Pain commences a few hours before the flow appears, and subsides when the latter is well established. Clots are expelled, accompanied by bearingdown pains. In the intervals of menstruation patient is well, with the exception of slight leucorrhoea. Has been married five years, but has never become pregnant. The womb was in its normal position, and all the pelvic organs were free from pathological change. The cervix was one and five eighths inches in length from the os externum to the vaginal junction. The cervical canal was of normal size. December 30, 1875, six days after the cessation of the menses, patient was etherized, the cervix slit up bilaterally for half an inch from the os, and both lips were amputated at that point. The dressings were the same as in Case I. In thirteen days the wound was entirely healed. Menstruation occurred on the sixteenth day, was absolutely painless, and has continued so ever since. Patient has not become pregnant.

Case III. E. M., aged twenty, single. Has suffered from dysmenorrhoea since puberty. The pain precedes the flow by a few hours, and is of an expulsive character. The blood is expelled in large clots. In the intervals she is perfectly well. The body of the uterus was in its normal position, and all the tissues were free from disease. The cervix, however, was long, and at about half an inch from the os was bent upon itself at an acute angle, so that the os looked directly forward and rested against the anterior vaginal wall. The os was too small to admit a Sims's probe. January 25, 1876, five days after the cessation of the menses, patient was etherized, and an incision made in the median line of the posterior lip, cutting completely through all the tissues to a point just above the angle of flexion. The dressings were the same as in Case I. Patient menstruated, without pain, eighteen days after the operation, and since that time has had no return of the dysmenorrhoea.

CASE IV. H. L., aged thirty-four, married, nullipara. Has suffered from dysmenorrhœa since puberty. Severe pain commences before the flow occurs, and is of an expulsive character. There are no clots. In the intervals she is perfectly well. The womb was normal in size and

position, and all the tissues were healthy. The os externum was small, requiring some force to introduce a Sims's probe. The stenosis extended as far as the os internum. December 10, 1876, patient was etherized, and the cervix slit up bilaterally as far as the vaginal junction. The incision was continued through the os internum with a narrow bistoury, cutting about one third through the cervical wall, as nearly as could be determined. The same dressings were applied as in Case I. Patient did well until the third day, when she got out of bed, contrary to orders, and stood with bare feet upon a cold, uncarpeted floor. Next day I found her suffering from acute pelvic peritonitis. The dressings were removed at once and not returned. The peritonitis was checked in five days, and patient recovered. She refused to submit to any further treatment, and now remains in the same condition as before the operation.

CASE V. M. H., aged twenty-eight, married, nullipara. Has suffered from dysmenorrhoea since puberty. The pain precedes the flow, and is of an expulsive character. The blood escapes in clots. In the intervals she is well, except that she suffers from indigestion. The uterus was normal in position, and all the tissues were healthy. The cervix was of normal length, but the external os was so small that Sims's probe could not be introduced. The rest of the cervical canal was of normal size. November 7, 1877, five days after the cessation of the menses, patient was etherized, and the cervix slit up as far as the vaginal junction. The dressing of cotton and glycerine was applied, and the wound healed in twelve days. Patient menstruated eighteen days after the operation, with very slight pain. Since that time there has been no return of the dysmenorrhoea. She has not become pregnant.

CASE VI. A. G., aged thirty-four, single. This patient applied to me to obtain relief from an intense itching of the vulva and perinæum, which had troubled her for years, but had increased of late until it was almost unendurable. Examination showed hyperæmia of the parts and marks of the nails from scratching, but no other lesions of the skin, and no parasites to account for the itching. Inquiry elicited the statement that ever since puberty she had suffered intensely from dysmenorrhea. The pain is of an expulsive character, and is so severe that she is obliged to go to bed and stupefy herself with opiates and gin. The pain precedes the flow by about twenty-four hours. The blood escapes in the form of large clots. In the intervals she is perfectly well, with the exception of the itching. A uterine examination revealed an abnormally small os and a sharp angle in the lower half of the cervix, so that the os pointed directly forward toward the bladder. In other respects the pelvic organs were in normal condition. As the menses were due in a day or two, I introduced a laminaria tent into the cervical canal and left it in for eight hours. At the end of that time

the itching had entirely ceased. Menstruation came on next day and proceeded without the usual amount of pain. Recognizing the fact that the relief obtained was only temporary, I proposed an operation. December 26, 1877, five days after the cessation of the menses, patient was etherized, and the posterior lip of the cervix was divided in the median line up to the vaginal junction, and the inner surface of the anterior wall of the cervix at the point of flexion was incised with a bistoury to the depth of about a quarter of an inch. The cotton and glycerine dressing was applied. The wound healed in a fortnight. Since that time the patient has menstruated with only a moderate amount of pain, not sufficient to keep her from her work or require the use of anodynes. The itching did not return.

All the above are typical cases of uncomplicated mechanical dysmenorrhæa. Such cases are the only ones which can be satisfactorily treated by surgical operation. If any complication exists, it is impossible to say how much of the dysmenorrhæa is due to mechanical obstruction and how much to the complicating disease. Consequently, it is impossible to predict a successful result of an operation in such cases. My cases illustrate very well the variety of malformations of the cervix which may produce mechanical obstruction. They may be classed under three heads, namely: (1) stenosis of the cervical canal; (2) flexion of the cervix upon itself; (3) abnormal length of the cervix. Each of these conditions is sometimes found by itself, but more frequently two, and sometimes all three, are present in the same case.

The manner of operating varies with the nature of the malformation: in stenosis of the canal, bilateral incision; in flexion of the cervix upon itself, incisions of such depth and direction as will furnish an unobstructed canal; in abnormal length of the cervix, amputation. These are the forms of treatment which are recommended by Sims,1 and which have proved successful in my hands. Emmet 2 objects to the operation of bilateral incision on the ground that it leads to the same pernicious results which arise from lateral laceration of the cervix in labor, namely, eversion of the lips of the cervix and ulceration of the everted surfaces. But the cases upon which I have operated have remained under observation for periods varying from six months to three years after the operation, and in no one of them has there appeared at any time a trace of eversion or ulceration. These symptoms occur after laceration in labor from the fact that the womb is then in a state of fatty degeneration, and does not readily take on reparative action. Moreover, the increased weight of the womb at that time presses the cervix down against the posterior wall of the vagina, forces the lips apart, and causes them to roll out as far as the angle of lacera-

¹ Clinical Notes on Uterine Surgery.

² American Journal of Obstetrics, November, 1874.

tion. But in the non-puerperal uterus the conditions are very different, and after incision of the normal cervical tissues the wound heals quickly, the lips retain their natural position, and ulceration is much less likely to occur than if the operation had not been performed.

Various metrotomes have been devised to facilitate the performance of the operation, but the best instruments for the purpose are to be found in every physician's pocket case. They consist of a pair of scissors and a bistoury. The best and in fact the only permissible time for the operation is about five days after the cessation of the menses. This will give time for the wound caused by the operation to heal completely before the occurrence of the next menstrual period. In none of these operations will ether be absolutely necessary, as the pain is comparatively slight. But if the patient be nervous and excitable, we may gain a more complete control and operate more easily by the aid of an anæsthetic. The patient should be kept in bed until the wound is entirely healed, which in most cases will be no more than a fortnight. It will not be safe in any case to assure the patient of a cure of sterility as the result of this operation. In the majority of cases such a hope will prove delusive. But we may safely promise that the severe suffering which accompanies each performance of the menstrual function will be completely and permanently cured.

POISONOUS MUSHROOMS.

BY JULIUS A. PALMER, JR.

Since the Journal published an account of poisoning by mushrooms, the daily papers have reported three such cases, of which two were fatal. An unknown hand has sent to the writer a copy of an essay by Dr. Isaac Ott, demonstrator of physiology, University of Pennsylvania. It is on the use of atropine as an antidote to muscarine. Many physicians may not have seen this article; therefore we quote from it the following experiment of Dr. Ott, which is very valuable:—

"Frog, sternum removed. 3.55 p. m.: heart-beat thirty-six per minute. 3.58: .0005 grain muscarine subcutaneously. 4.00: heart stopped in diastole; on pricking makes a contraction; the ventricle is distended with blood, bulbous. 4.03: .001 grain atropine subcutaneously. 4.05: it spontaneously began to beat twenty-eight per minute. 4.09: heart-beat thirty-six per minute. It continued beating till next morning, and animal had completely recovered from the paralysis induced by muscarine."

A second experiment upon a toad gave almost identical results. It is remarkable that certain ideas are suggested to the minds of different men at almost exactly the same time. Thus we have contests over the

discovery of the anæsthetic properties of ether and the invention of the sewing-machine. A page in my letter-book of April, 1877, gives an account of the effects of the hypodermic use of belladonna, written to me then by a physician of New Jersey, who suggested it simply from watching the symptoms of a patient overcome by toad-stool poison.

In an article from my pen in the Moniteur scientifique of Paris, Jannary, 1879, the nature of this poison is considered, as well as its proper treatment, and Dr. Ott's pamphlet and experiments confirm the opinions therein stated. Atropine, subcutaneously, is certainly the specific for poisoning by any mushrooms of the sub-genus Amanita. Further, in that article I also suggested the trial of nicotine or tobacco on those who, like myself, do not use the weed. From Dr. T. F. Wood, of North Carolina, I now understand that daturine and hyoscyamine have been successfully administered in such cases. The Scientific American of October 11th asserts that another solanaceous plant, a native of Australia, is a valuable remedy, and further quotes Professor Schiff of Italy as an advocate of the treatment by stramonium. The conclusion is therefore unavoidable that, as all these plants belong to the same order, the antidotes to mushroom poisoning must be sought among the night-shades, botanically from the Solanaceæ. This concurrence between men who have given the subject attention is quite remarkable, and when the various properties of mushrooms are as well known as the mineral poisons they may, perhaps, be as successfully counteracted. But to this end, it is to be hoped that no more current error may be published with really important matter. With Dr. Ott's experiments he has printed the following conclusions, which, in his own words, may be thus stated: "(1.) The Agarieus comprises nearly one thousand varieties, the majority of which are poisonous. (2.) It must not be forgotten that the edible variety under certain unknown conditions may become poisonous. (3.) In some species of Agaricus Letellier found a peculiar substance which he called amanitine. . . . In Agaricus muscarius there is an alkaloid called muscarine; A. muscarius also contains a base called amanitine, a non-poisonous body."

Turning now to Webster's dictionary, we read: "Amanitine, the poisonous principle of some fungi." Again, we quote Descourtilz: "This deleterious principle, according to Letellier, should be called amanitine, because we meet with it more particularly in the genus of the Amanitæ." Boudier, in the Orfila prize essay, Paris, 1864, says, "The amanitine of Dr. Letellier must be considered the poisonous principle of the false orange mushroom;" generically A. amanita muscarius. At this date to call any non-poisonous base in this family amanitine, a name for fifty years rightly applied to the poisonous prin-

¹ Des Champignons, Paris, 1829.

ciple, is only adding to the almost hopeless confusion already existing in this branch of science.

The second point is not a new one, yet actual daily experiment causes me to more than doubt its truth. The theory may be thus briefly stated: the poisonous and non-poisonous fungi, under chemical tests, show nearly identical constituents; for this and other reasons it has been said that mushrooms depend for their noxious or innoxious qualities on the varying quantity of alkali in their composition. Therefore, could the edible variety secrete sufficient alkaline matter, we should find it poisonous, or fungi might be combined so as to destroy the harmony that made them harmless, and thus become dangerous.

Now, I have carefully tested these theories for five successive seasons: have eaten every variety of the edible mushroom from widely separated localities and under diverse conditions of growth; have propagated them, and mixed the spawn so as to produce new forms of the same plant. Then, to test the question further, I have also made many mixed stews of little-known and unrelated species of fungi (including what is called the edible variety), and, having first found each safe isolated, have eaten them in combination without harm. By these experiments have I not proved, on my own person, that the same laws obtain with fungi as govern all other articles of diet? You cannot make a noxious dish out of innoxious elements. You cannot pluck food and poison from the same plant. There are not a thousand Agaricini, but only seven hundred. There are about a thousand non-microscopic fungi. Of these the majority are non-esculent, from being tough, coriaceous, woody, bitter, slimy, or repellent. The next numerous division is that of the esculents, while there are no authentic cases of fatal poisoning save from four varieties of the Amanitæ.

The curse of the science of mycology has been tradition; men have written on it without personal acquaintance with a single toad-stool. Leading magazines in this country have published articles condensed from mycological books by professional writers, who were ignorant of their subject. Into these the authors have woven signs and tests which are utterly absurd, and we regret to see anything published which shall increase this confusion. The great need of the science is study, experiment, and analysis of the properties and nature of non-microscopic fungi, as esculents, poisons, or medicines. It must be systematic, and, above all, original, to be of any value. With this limitation there is no field in nature that offers such opportunity for new and important discoveries.

Berkeley's Fungology, page 61.

RECENT PROGRESS IN THE TREATMENT OF MENTAL DISEASES.¹

BY THEODORE W. FISHER, M. D. HARV.

Use of Sedatives. — Dr. J. A. Campbell, of the Garland Asylum, Carlisle, writes ² concerning the treatment of excitement by sedatives or otherwise. He has seen instances of an error not unknown to us, chargeable usually to physicians in general practice. The mistake is occasionally made of trying to quell an outbreak of insane excitement by the use of large quantities of ether, chloral, bromide of potassium, opium, or other narcotics, given day and night, without much pains to enforce proper nourishment. This management, if pushed to extremes, may lead to dementia or death by exhaustion.

may lead to dementia or death by exhaustion.

Dr. Campbell says that if sleep can be produced at night the patient does better without sedatives by day; chloral, though an efficient sleep producer, is dangerous from its depressant action on the heart, and should not be used in frequent or repeated doses by day. In the excitement of general paralysis sedatives should not be given which, like the bromides, impair still further the powers of locomotion and deglutition. In the few cases where he has been obliged to resort to continuous sedation he has found the bromides alone almost useless, but in combination with cannabis indica, hyoscyamus, valerian, or even opium, the bromide acts as a drag, prolonging the sedative effect. Frequent feeding by day and night, with occasional stimulation, he has found to produce quiet, and not only to prevent fatal exhaustion, but also to decrease the degree of dementia in cases that do not recover. The noisy condition of some foreign asylums, and formerly of English asylums, he attributes to underfeeding. Much exercise, either active or passive, and living much in the open air conduces to quiet. The shower bath is useful in certain cases: also blistering over the region of the ovaries in excitement due to ovarian irritation.

Drugs in Insanity. — Dr. George H. Savage, of the Bethlehem Asylum, gives the results of his experience in the treatment of insanity, more especially in the use of drugs. Early removal from home he considers the first step in almost all cases. He finds few cases of sthenic insanity. Stimulants should therefore be used instead of depressants. Food well selected and administered is at the basis of treatment. He thinks well of the shower-bath in cases due to self-abuse, and of the wet pack, especially in the mania of hystero-epilepsy. He uses no form of opium but morphine. Melancholics seem to do well under its use, but the cure takes so long that time may be the curative agent after all. It is most beneficial in climacteric and senile cases, and most

¹ Concluded from page 624.

² Lancet, August 2 and 9, 1879.

⁸ Guy's Hospital Reports, 1878.

hurtful in mania. He thinks chloral has, all things considered, done as much harm as good. He finds it useful in epileptic mania, in cases due to excess of alcohol, and in puerperal cases. In wildly maniacal and erotic patients he gives it in from ten to thirty grain doses rubbed up with an equal quantity of camphor in syrup. He found alarming symptoms to follow, however, in one case, after twenty grains of the mixture had been taken.

Succus conii and hyoscyamine he uses sparingly in noisy and destructive cases. He has almost discarded bromide of potassium except, presumably, for epilepsy. Prefers saline purgatives to all others, and hunyadi janos to all other waters. Next to quiet and absence from home, stimulants take rank. He finds koumiss of use in hysteric dyspepsia and anorexia in doses of a pint daily, as it is easily digested and prevents waste. As emmenagogues he uses Griffith's mixture and compound decoction of aloes or tincture of black hellebore. He thinks amenorrhœa is seldom a cause of insanity in otherwise healthy subjects. . It is often due to the same cause as its accompanying depression. He uses the above remedies if the menses do not reappear after the general health has been restored by iron or other tonic treatment. Finds physostigma of some use in the congestive stage of general paralysis, inducing remissions of the prominent symptoms. Does not have a high opinion of electricity, though he has used it rather too seldom to speak with authority. Has noticed recoveries after the occurrence of some local inflammation so often as to suggest the propriety of more common use of counter-irritation. In gouty cases, cure the gout, and you may cure the insanity. Generally speaking, treat causes and conditions. Moral treatment must, however, he thinks, be for a long time, and perhaps forever, the chief aim. With correct management from the start, nearly all cases of insanity unattended by paralysis or physical decay may be cured.

Recoveries from Mental Disease. - Dr. Ray, in a recent paper, controverts the position taken by Dr. Earle in regard to the diminished curability of insanity as shown by American hospital reports for the last thirty years. Dr. Earle attributes the decrease in reported recoveries to varying temperaments in the reporters, and to the custom of reporting several recoveries in recurrent cases. Dr. Bell, for instance, said, in 1840, that the records of the McLean Asylum justified him in stating that "all cases certainly recent recover under a fair trial." But Dr. Ray shows that Dr. Bell himself, in after years, reported a constantly diminishing number of recoveries, owing to the fact that the asylum came more and more into use for patients with incurable or fatal types of insanity. General paralysis and Bell's disease, or typhomania, were unknown thirty years ago. Dr. Ray says, "In order to approach a correct estimate of the curability of insanity two requisites are

¹ Transactions College of Physicians, Philadelphia, 1879, third series, vol. x.

still needed, namely, that every case should have a fair trial, and that the subsequent history of every case discharged should be ascertained." He adds that those qualities of temperament which lead men unduly to magnify their achievements are as common at one time as at another; that the practice of reporting cases instead of persons has not been confined to any particular period; that cases marked by high excitement, and more curable entered hospitals in larger proportion formerly than now; the conservative powers of the constitution have to some extent depreciated, and cerebral affections in which insanity is only an incident have steadily increased, thus diminishing the proportion of recoveries.

Partial Insanity. - Dr. T. L. Wright, Bellefontaine, Ohio, in a recent monograph, discusses some points connected with the responsibility of the partially insane. He objects to the somewhat prevalent idea that the will is at fault in partial insanity. He thinks the will is subverted or overwhelmed by the insane condition of the intellect or the emotions; that it usually acts in a sound manner, although putting in force an insane idea or feeling. It may share, however, in general The theory that partial insanity is the result of mental enfeeblement. disease of a definite part of the brain is, he thinks, untenable, and he denies that the partially insane mind is wholly responsible outside the circle of its disordered ideas. He concludes that the partially insane are always responsible, but not in the same degree or manner as the sane. It follows that it is the duty of the State to provide a place of confinement for the criminally insane, different both from jails or penitentiaries and from asylums for the insane.

The Criminal Insane. — Dr. Walter Channing, M. D., in a paper read at the Conference of Charities in Chicago, in June, considers the kind of buildings and management required by the criminal insane. After describing the peculiarities of this class, he says it is evident that criminals differ from all other classes; that insanity occurring in prison is of a peculiar type; and that the convicted insane should never, and the unconvicted criminal insane seldom, be treated in asylums for the insane. He gives a table furnished by Mr. F. B. Sanborn, inspector of state charities, which shows that there are at present in the hospitals of this State eighty-four insane criminals. He states the familiar fact that from defective knowledge of insanity the insane are often sent to prison. He advocates the building of a hospital to contain two hundred patients.

Insane Drunkards. — Your reporter read a paper at the last annual meeting of the Massachusetts Medical Society, calling attention to the defective state of the laws in relation to habitual and insane drunkards. The existence of a disease known as dipsomania was shown to be recognized by all the best authorities in lunacy. The dangers attending transient mania from drink were pointed out, and the automatic and

irresponsible nature of the violent acts of many drunkards is insisted on. The duty of the State to provide better safeguards for society and the families of insane drunkards, by authorizing their commitment to institutions especially adapted to their management and cure, was strongly urged.

Recent Laws. - An act of the last legislature of Massachusetts provides 1 that justices of the supreme, superior, municipal, police, or district court shall have the same power in the commitment of lunatics as judges of probate; that no insane person shall be detained in any public or private asylum without order of court, and that the judge shall see and examine the person alleged to be insane, or state in his final order the reason of non-compliance; that no person shall be committed unless in addition to oral testimony there shall have been filed a certificate of insanity signed by two physicians, graduates of some legally organized college, who shall have practiced three years in the State, and who are not connected with any hospital for the insane, and who shall have examined the patient within five days, and shall specify the facts on which their opinion is based; that any counselor of law, regularly retained for or by the patient, shall be admitted to any hospital to visit his client, on consent of the superintendent, or by order of any justice above named in writing.

Habitual Drunkard's Bill. - This bill, as finally passed by the English Parliament, is of a permissive and experimental character, to continue in force ten years. The term "habitual drunkard" is interpreted to include those persons who by reason of habitual intemperance are at times dangerous, or are incapable of managing their affairs, and to exclude those cases which more properly come under the operation of the lunacy laws. Retreats for the cure or control of habitual drunkards may be licensed, and one of the licensees must be the physician in charge. The drunkard must himself make application for his own commitment, the case being heard before two justices, and the declaration of two persons that he is an habitual drunkard must be filed. The term of commitment shall not exceed one year. Suitable cases may be discharged before the expiration of this term on application of the licensee or by order of the home secretary. There are clauses providing for punishments by fine or light imprisonment for infractions of the rules of a retreat, and for the return of fugitives. It is the intention of the society, of which Lord Shaftesbury is president, which has had in hand the promotion of this legislation to encourage the opening of retreats for all classes and in all parts of the kingdom. It is hoped to make the bill to some extent compulsory by forcing incorrigible drunkards to accept its provisions as an alternative for criminal prosecution when the laws have been infringed upon by acts of violence or by their habits as common drunkards.

General Laws and Resolves, 1879, chap. 195.

PROCEEDINGS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

T. M. ROTCH, M. D., SECRETARY.

MAY 31, 1879. Fifty members were present, Dr. C. Ellis in the chair. Hip Disease. — Dr. C. P. Putnam showed twelve patients, from two to seventeen years of age, under treatment in various stages of hip disease. They were intended to illustrate what is sometimes called in England the "American method;" but many methods are practiced in America, and this may fairly be called the Taylor method, since it has been developed and perfected mainly by Dr. Charles F. Taylor, of New York. The characteristic feature of it is that in all stages of the disease, except when in a state of acute inflammation, the joint is not only allowed, but is encouraged, to move, while it is at the same time protected against injury, both from the weight of the body and from the muscles of the thigh, by apparatus suited to the exact condition of each case.

The muscles of the thigh are by means of extension brought into such a state that they will not act spasmodically and press the head of the femur into the acetabulum. As soon as the extension is effective and well borne, the patient is allowed to walk, the weight of the body being taken on a perineal, or more exactly speaking an ischiatic, strap supported on a splint longer than the leg, which therefore, as it were, simply swings in the air. This splint is kept on as long as extension is necessary. After a time, however, the disease improves so much that extension may be abandoned, though the weight of the body must still be kept off the hip, while motion of the hip is more than ever to be encouraged. The best instrument to use at this stage is one which has a knee-joint, allowing the patient to bend the knee in walking and sitting, yet so constructed that when put in the upright position it acts like a straight splint. The weight of the body is never allowed to come on the hip until it has been for many months on probation in this apparatus, which permits the patient to walk and run as comfortably as without any apparatus at all.

This method of treatment differs essentially from those by extension and rest in bed and by fixation alone. By means of it, if thoroughly carried out, almost every case taken at an early stage and a large majority of those taken

at a late stage may be cured, with good motion.

The first case, Lizzie C., three years and eight months old, having had the disease twenty-three months and been under treatment fourteen months, was shown to illustrate want of success from neglect on the part of the parents and the necessity for constant supervision. A simple splint had so thoroughly removed the pain that the parents could not be induced to attend to the treatment properly. Though the child was perfectly comfortable and her general health good, nothing had really been gained, inasmuch as the muscles of the thigh were still irritable.

The other cases were doing well, as follows: -

Dennis D., five years old; first symptoms fourteen months ago. Under treatment two months. Pain relieved. Slight motion.

James M., eight years old; first symptoms eighteen months ago. Under treatment twelve months. Abscess still discharging. Walks with fair motion. Sarah H., twelve years old; first symptoms twenty-six months ago. Under treatment fourteen months. Walking with jointed splint. Good motion.

Mary W., two years and four months old; first symptoms seventeen months ago. Under treatment sixteen months. Beginning to walk. Slight motion. Mary M., three years and six months old; first symptoms twenty-two

Mary M., three years and six months old; first symptoms twenty-two months ago. Under treatment seventeen months. Excellent motion. Walking freely.

Alice H., fourteen years old; first symptoms thirty-six months ago. Under treatment seventeen and a half months. Walking freely. Limited but free motion.

Charles M., five years old; first symptoms twenty-six months ago. Under treatment seventeen months. One abscess discharging and one threatening. Walks freely, with limited motion.

Mary H., eleven years and six months old; first symptoms thirty-seven months ago. Under treatment eighteen months. Walks freely with jointed splint. Good motion.

Katy S., seventeen years old; first symptoms sixty months ago. Under treatment nineteen months. Walks freely with jointed splint. Good motion.

Bridget C., five years and three months old; first symptoms thirty-six months ago. Under treatment twenty months. Walks and jumps rope with straight splint. Good motion.

Thomas K., five years old; first symptoms thirty-one months ago. Under treatment nineteen months. Walks and plays freely, with moderate amount of motion.

Anatomy of the Skin. - Dr. J. C. WARREN exhibited some diagrams and microscopic sections showing the relation of the fat canals to the hair follicles, and made some extended remarks, which appeared in print a year ago. - In connection with Dr. Warren's remarks regarding the blood-vessels of the skin, Dr. C. P. PUTNAM asked whether the vessels from which a nævus develops were those of the perivascular lymphatic spaces. - Dr. Warren answered that they were not, but that they came from vessels beneath the skin. - Dr. J. C. WHITE asked how often these canals were found. - Dr. WARREN answered, quite frequently on the breast, but not on the face or legs, and that they are not always seen in thin people. He also stated that he used the term "canal" merely to indicate clefts, and that the function of these canals appeared to be connected with the erector pili muscle. - Dr. White stated that such indications are rarely found on examination of a large number of lanugo hairs, and that hence they are not essential to the functions of the erector pili muscle. — Dr. Warren replied that it was very difficult to make the sections so as to show the canals; that it could not be done with the microtome, but that by making the sections with the "free hand," following the proper direction with the eye, the canals could be demonstrated.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.

FRED. C. SHATTUCK, M. D., SECRETARY.

APRIL 7, 1879. Sarcoma of the Lumbar Vertebræ. — Dr. Edgs reported the case. J. M., a carpenter, fifty-five, entered the City Hospital March 21, 1879. His health had always been good till the previous June, when he began to suffer from pain in the anterior aspect of both legs, the pain being more severe at night. Has been losing flesh since the above date, and for three months the pain has prevented him from walking; cannot now turn over in bed. No cough, expectoration, hæmoptysis, or dyspnæa of consequence. Urine, specific gravity 1022, a trace of albumen. Under microscope a few hyaline casts, one waxy cast, oxalate of lime crystals. No decided paralysis, but general weakness. No obstruction to passive motion at hips. No tumor to be felt in abdomen. Complained of piles, and gave a history of a discharge of pus and blood per anum some months ago. On examination some small hemorrhoids are found, and a small ulcer just within the sphincter. Within the rectum a soft tumor can be felt to the right side. A diagnosis was not reached, and the patient died April 5th.

An autopsy was made by Dr. Cutler, who showed the specimens and reported as follows: On opening the abdomen and removing the viscera, the body of the second lumbar vertebra was found to be replaced by a new growth projecting but little anteriorly, though rather more to the right than the left of the median line. On section it was gray in color, soft, rich in blood-vessels, and contained one or two hemorrhages. The intervertebral cartilages above and below were extensively implanted in the new growth, as were also the lower two thirds of the body of the first and the upper two thirds of that of the third vertebra. The transverse processes and laminæ of the second were but slightly diseased. In the right psoas muscle was a growth the size of the fist, implicating the muscle and infiltrating its fibrils. The microscope showed the disease to be round-celled sarcoma with numerous giant cells. The right lobe of the liver contained several small secondary nodules.

DR. CUTLER also showed a specimen of superficial caries of the spine. There was a sequestrum the size of the last joint of the little finger, surrounded by carious bone, in the lower surface of the body of the fourth dorsal vertebra, the intervertebral cartilage below it being softened and ulcerated. The lower portion of the body of the first dorsal, and the whole of that of the second, third, and the fifth, to the eighth inclusive, were carious only superficially, less than a line in depth, and on section were found to be otherwise healthy. The ribs joining these vertebræ were superficially denuded, but not roughened. The intervertebral cartilages of the other vertebræ were but slightly diseased on their exposed surface. Perforation of the pus had taken place into the right pleural cavity. The other organs were not remarkable.

DR. PORTER showed ten calculi which he had extracted from the bladder of a boy of twelve at the Massachusetts Hospital. Trifling symptoms had been present for two years. The operation was the ordinary lateral one. Four calculi were removed from the bladder, the largest weighing four hun.

dred and forty-four grains, the next in size one hundred and sixty grains. From a pouch below the bladder, opened by scratching through the mucous membrane with the nail, six smaller calculi were removed, weighing all together seven hundred and eighty grains. After fourteen days the water began to come through the urethra, and after twenty days came exclusively so.

Urethral Calculus. — Dr. J. C. WARREN showed a urethral calculus which had existed for seven years, and was found in a pouch in the urethra at the peno-scrotal angle. The patient had used a small silver catheter during the time, and had not suffered much inconvenience. The attention of the society was called to a depression on one side of the stone, which was evidently made

by the beak of the catheter in passing.

Operation on the Inverted Head. — Dr. Warren then reported a case of tumor of the hard palate about the size of a Messina orange in which he had employed this method. The patient was laid on her back on the table after etherization, and then drawn over the end so that the head hung vertically downward. The operator sat at the end of the table with the patient's head resting on his knees. Not only did no blood flow into the trachea, but mucus flowed freely into the mouth, and did not impede respiration. In operation for cleft palate a modified form of this method has been in use for many years at the Massachusetts Hospital. The patient was placed on the side, and the shoulders were so raised by pillows that the head hung obliquely downward. — In answer to a question from Dr. Fisher, Dr. Warren said that the method was first invented by Rose, and a mention of it could be found in his Report on Surgery in the JOURNAL for October 24, 1878. The tumor was a beautiful specimen of cylindroma.

Dr. F. C. Shattuck reported a case of Hyduria and Urticaria complicating Scarlet Fever. Reserved for publication.

MAY 5, 1879. Interstitial Nephritis. — Dr. Stevens showed a very small kidney from a hard-drinking man of twenty-nine, who, seven years ago, had syphilis, but has two healthy children, and has apparently not infected his wife. Dr. Stevens first saw the man about the end of February last for a cut of the lip, which was bleeding profusely. The patient had fainted, and was pulseless. He recovered slowly from this, and went to Tennessee, thinking that rest and a change would do him good. A week ago he returned, with decided symptoms, which led to an examination of his urine. Dr. Wood examined it, and reported the diagnosis of interstitial nephritis. The man went on from bad to worse, and died comatose, a peculiar feature of the case being that there was no suppression or even diminution in the quantity of the urine until three hours before death. The autopsy, made by Dr. Cutler, confirmed the diagnosis.

JUNE 16, 1879. Club-Foot cured by Mechanical Treatment alone. — Dr. Bradford showed a child, four years of age, the subject of congenital club-foot. Tenotomy had been done in infancy, but the mechanical after-treatment was neglected, and at the time of admission to the Children's Hospital, one year ago, the feet were much deformed and the muscles greatly atrophied.

The deformity resisted all attempts at manipulation. The tendines Achillis and those of the tibial muscles were cut under ether, and Scarpa's shoe was applied, but the deformity was not in the least diminished. Mr. Barwell's method of elastic extension by rubber muscles was then tried, a plaster bandage applied, and subsequently brisement force, as recommended by Dr. Benjamin Lee, was practiced; but little or no progress resulted from the use of either of these methods. Finally, an apparatus similar in the main to that used by Dr. C. F. Taylor, of New York, was applied. The advantages of this apparatus are that it is cheap, light, and allows the child to walk about, being covered by an ordinary shoe during treatment. Under its use the foot had been brought from a position in which the child walked only upon the outer surface of the foot to one enabling him to walk upon the sole, even when the apparatus is not adjusted. This had been brought about by eight months' mechanical treatment, but for a permanent cure the shoe must be worn for two years. The case illustrates well the fact that gradual and constant gentle traction will sometimes effect what forcible means fail in effecting. - Dr. Judson, of New York, who was present, being requested to say a few words, remarked that this case shows, as far as one severe case can show, that club-foot can be treated without tenotomy. He was glad to hear Dr. Bradford state frankly that two years are necessary for permanent cure. In reply to a question he stated that he did not feel prepared to say how large a proportion of cases can be successfully treated thus, but it is probably larger than is generally supposed.

Tubercular Meningitis. — DR. AYER then read the regular paper for the evening, entitled Cases of Tubercular Meningitis. — DR. C. P. PUTNAM said that the extreme difficulty often met with in making an early diagnosis, spoken of by Dr. Ayer, reminded him of a case seen by Dr. J. P. Oliver and himself last summer. The symptoms pointed rather to typhoid fever; there was no vomiting, constipation, irregularity of the pulse, or strabismus. The only suspicious symptom was the want of regularity in the rise and fall of the temperature. The child was sick about three weeks, and toward the end the nature of the affection became clear. — DR. MINOT spoke of the great importance of attention to the nourishment of children with hereditary tendencies. He was once called to see the child of a physician who was at the time dying of consumption. The child was nine months old, and had been brought up on the bottle. The symptoms of tubercular meningitis were well marked, and the

child died a few days before its father.

Embolism of the Pulmonary Artery. — Dr. Minot introduced Dr. Goss, who had attended the patient during her convalescence after labor, and reported the case: A lady of nervous temperament, aged twenty-nine, was confined for the third time May 20, 1879, and delivered by Dr. Minot of twins, without instruments, which had been required in both of her previous confinements the labors having been tedious. Profuse hæmorrhage followed, but ceased in fifteen minutes. Pulse 120. After-pains severe. The patient was very cedematous, the urine abundant and albuminous. In the course of a few days the cedema disappeared, and on June 2d the urine was free from albumen. The lochia were abundant, and at times highly offensive; the uterus was slow in contracting, and several hæmorrhages occurred, but under tonic treatment the patient gained in color. She kept her bed till the twentieth day after confine-

ment, and was then only moved to a lounge. Four days later, June 13th, at 3.15 P. M., on returning to the lounge after having sat on the vessel to urinate. she uttered a loud cry, and fell back with slightly convulsive action. The loss of consciousness, if complete, was but momentary. When seen at 3.30 P. M. she was faint, and complained of pain in the cardiac region and inability to breathe. Pulse 144, feeble; respiration 36. Extremities cold; sounds of heart feeble, but without murmur. Respiratory sounds distinct, and without râle; no cough. Brandy and carbonate of ammonia were given at frequent intervals, sinapisms applied to the chest, and heat to the extremities. The pain in the cardiac region was somewhat relieved, but the faintness and dyspnœa continued. She lay with the head low, any attempt to raise it increasing the faintness. At 7.45 P. M. a large amount of sour, undigested food was vomited, after which nausea persisted, and vomiting occurred several times till shortly before death. At nine P. M. the pulse was 160, and acute pain was complained of over the lower lobe of the right lung posteriorly. No dullness on percussion or abnormal respiratory sounds, and heart sounds as before. Cyanosis was soon after noted, increased, and twenty-six hours after the seizure she died, the mind remaining clear to the end, and the last two hours of life being free from pain.

An autopsy was made twenty-three hours after death by Dr. CUTLER, who showed the specimen, and reported as follows: Emboli were found in each lung. That on the right was situated at the primary division of the pulmonary artery, tightly filled the vessel, was dense, and yellowish-red in color. On the left the emboli were in the arteries of the second division, and of the same character as on the other side. The source of the emboli was a thrombosis of the ovarian vein, plexus pampiniformis, and uterine sinuses on the right side. Involution of the uterus had not progressed as far as might have been expected in the fourth week. The right heart was distended by a dark, moderately firm coagulum; the left heart was contracted. The cortical portion of the kidneys was very cloudy and a little swollen, and casts were found in some of the tubules. The embolism of the left lung was evidently a slower and more chronic process, while that in the right was the cause of the alarming symptoms. - Dr. MINOT called attention to the remarkable relation between the symptoms and the pathological condition. Everything pointed to an absence of blood in the head; the patient, for instance, could not sit or be propped up. The very slight exertion which seems to suffice to detach an embolus is also remarkable, and Dr. Minot has seen other cases where getting out of bed or some such simple movement was followed by the fatal accident. Special care was exercised in this case for a special reason, and the patient had only once before risen for micturition, having always used the bed-pan. Dr. Minot also said that it would be interesting to know whether there was any connection between the albuminuria and the immediate cause of death, whereupon Dr. Cutler remarked that the uterus does not generally contract well in cases of albuminuria. Dr. Cutler then briefly alluded to several similar cases which had come under his observation. A man was admitted to the City Hospital with fractured femur, and a plaster bandage applied. Not long after he sank back, and died suddenly after using the bed-pan; the source of the embolus was in the femoral vein. Another case was that of a young lady at the end of the third week of typhoid fever, who was feeling so well that she was receiving friends; the source of the embolus was in the auricular appendage. A third case was one of pneumonia, in which the source of the embolus could not be found.

Cancer of the Uterus. - DR. BAKER reported the case, and introduced Dr. W. F. WHITNEY, who demonstrated the specimen. The case was seen in consultation with Dr. A. C. Webber, of Cambridge, May 29, 1879. A single lady of thirty-five had enjoyed fair health, menstruation having always been free and regular till last January, when it began to be excessive, continuing profuse for two weeks. May 16th, several days before menstruation was due, Dr. Webber examined her under ether, and found the uterus enlarged to the size of an orange, and, so far as could be determined without the aid of the sound or tents, freely movable. It was his opinion that the enlargement was due to a fibroid tumor. The night following the examination the patient had a slight chill, the temperature rising to 101° F., but gradually falling again to the normal point. Menstruation did not appear when due, but was delayed a week, and when it did appear all the symptoms were exaggerated. The temperature rose to 102° F., and the pulse to 120. At the consultation she was found sleeping, after several hours of severe suffering. The abdomen was distended and tender, and there was every evidence of pelvic peritonitis in the absence of a vaginal examination, which was thought, under the circumstances, inexpedient. Two days later she was seen again, but was no better, though the pain was somewhat controlled by morphia. A digital examination showed the uterus to be immovable, and the cellular tissue about the cervix quite hard. The next day the patient died.

On autopsy the uterus was found to be nearly twice the normal size. The vaginal portion of the cervix had almost entirely disappeared, as much of it as was left being covered by a foul-smelling ulceration. On section the lower part of the uterine wall presented an ill-defined, yellowish cone, with its base at the cervix and its apex near the middle of the body of the uterus. Microscopic examination showed the growth to be a round-celled sarcoma. Slight secondary deposits were found in the left ovary and in some of the lymphatic glands on the left of the lumbar vertebræ.

The case is specially interesting from the absence of the usual symptoms of cancer. If no autopsy had been made the case would have been considered as one of fibroid tumor, with pelvic cellulitis and peritonitis resulting from the examination.

SURGICAL DIAGNOSIS.1

MR. HEATH, who has been a teacher of surgery for many years in University College, London, has prepared a compact little book to assist the student in getting at the salient points of a case and making a diagnosis in the absence of the teacher. The complete helplessness of a beginner under such circumstances is only too familiar to clinical instructors, and stern experience has

¹ A Guide to Surgical Diagnosis. By CHRISTOPHER HEATH, F. R. C. S. Philadelphia: Lindsay and Blakiston. 1879.

evidently impelled the energetic professor to prepare an elementary work of the kind. The book opens with careful directions in the art of case-taking. The various affections are then described in the order of their anatomical situation, beginning, of course, with the head. Where a differential diagnosis is needed the various diseases are arranged in parallel columns. One great merit of this book is that it is short; too much has not been attempted, and the student is not bewildered and discouraged by the wonderful possibilities of each group of symptoms. The book is also of convenient size to carry in one's pocket, and should prove as valuable a companion to one who "makes the visit" as the time-honored Murray has in the hands of the English traveler.

POCKET LEXICON.1

This compact little dictionary is a valuable addition to a student's library, for it treats of a subject with which he is rarely familiar. Every one who is at all particular about the pronunciation of medical terms will sympathize with any effort to protect their ears from the daily inflictions to which they are subjected. Few students will undertake to purchase one of the large medical dictionaries, but a trifling investment will procure for him a list of all the important words he is likely to come in contact with. The proper pronunciation is given by means of a phonetic alphabet, of which the author is the inventor. We hasten to say that this need not frighten one from the purchase, for it is easily understood. For instance, that unhappy word abdomen, which so many old gentlemen love to pronounce ab'domen, is thus described: ab-do'-men. If the student have a pocket still unoccupied by a "manual," this is an excellent candidate for it.

DISEASES OF THE INTESTINES AND PERITONÆUM.1

This volume of two hundred and forty odd pages is issued in Wood's Library of Standard Medical Authors. It consists of a collection of papers by several different authors, most of whose names are known in this country as well as in England.

The diseases of the intestines and peritonæum are treated of under nineteen heads. Of these papers the longest and most complete, perhaps, are on the various forms of obstruction of the bowels, diseases of the rectum and anus, and peritonitis. There is also a concise and sufficiently full paper on Intestinal Worms. Colitie is dismissed by Dr. Begbie, in half a page, with the final warmark "that great difficulty at present exists in the way of correctly distinguishing between the different forms—if there really be different forms—of inflammatory disease affecting the colon," and he considers renewed patholog-

¹ Student's Pocket Medical Lexicon, giving the Correct Pronunciation and Definition of all Words and Terms in General Use in Medicine and the Collateral Sciences, etc. By ELIAS LONGLEY. Philadelphia: Lindsay and Blakiston. 1879.

² Diseases of the Intestines and Peritonceum. By John Syer Bristowe, M. D., J. R. Wardwell, M. D., J. W. Begbie, M. D., L. O. Habershon, M. D., T. B. Curling, F. R. S., and W. H. Ransom, M. D. New York: William Wood & Co. 1879.

ical investigations and examinations requisite in order to arrive at any satisfactory conclusions on the subject. Dysentery is treated of by the same author in another article.

The writers are all Englishmen, and a large proportion of the articles are from the pen of Dr. Bristowe. The practitioner will find this a convenient and useful book.

DISEASES OF THE BLADDER AND URETHRA IN WOMEN.1

The subject treated of in this volume is one whose importance has long been recognized by American gynæcologists, as well as the want of some work upon it in their literature. The high reputation enjoyed by the author gives a prestige to this book which few others could receive. It consists of eight lectures, which treat severally of the anatomy, development, and malformations of the bladder and urethra; functional diseases of the bladder; organic diseases of the same; cystitis; treatment of cystitis; neoplasms, carcinoma of bladder, and foreign bodies in the same; diseases of the urethra; and dilatations and dislocations of the urethra.

Under the heads of Retrocession and Forward Transposition of the uterus, the author describes two malpositions of that organ not usually referred to, but of great importance in their effect on the bladder. In these malpositions the uterus is carried bodily backward or forward, and fixed there without changing its axis in relation to the plane of the superior pelvic strait.

For examination of the urethra and bladder, the author describes his endoscope, which appears to be more simple and efficient than any we have seen. The chapters on cystitis are exceedingly valuable, and so enhance the worth of the book that every practitioner should own it in order that, if for no other reason, he may be able to refer to them. We are, however, a little surprised that the author, when speaking of the treatment of cystitis by cystotomy, makes no mention of the method of keeping the fistula open, which we have seen Dr. Emmet practice, and to which from our own experience we have learned to give the preference, namely, stitching the edge of the vaginal and vesical membranes together around the incision previously made through the vaginal septum.

The author's remarks on the functions of the bladder are particularly interesting, and if we remember that the result of his investigations would show that the mucous membrane of the bladder is non-absorbent in its normal condition, except possibly a little water, whereas the mucous membrane of the urethra absorbs remedies with moderate freedom, we may be influenced in our application of remedies to the parts in cases where absorption is necessary before benefit can accrue.

The results given of the experiments of Schatz, Odelbrecht, Hegar, and Dubois regarding the effects of posture on bladder pressure are very instructive.

It is a mistake to devote but little more than two pages to the development of the bladder and urethra in a standard work, as this must become, of the

¹ Diseases of the Bladder and Urethra in Women. By Alex. J. C. Skene, M. D. New York: William Wood & Co. 1878.

size of the volume before us. Under this head the author says: "Indeed, the ureters are processes that are developed from the kidneys and extend downwards until they unite with the bladder and finally open into it." Here we cannot agree with him, for, according to Kupffer, and as confirmed by a number of other observers, including Waldeyer, in the lowest class, or amphibia, the Wolffian body directly bears the hollow bud which gives the foundation of the permanent kidney, while in the upper classes the duct from the Wolffian body gives rise to a second or renal canal from which the budding formation takes place.

The chapter on diseases of the urethra is the best in the book. It treats of a subject which has been much neglected by authors generally, and the writer has done the profession a great service in so clearly defining a series of trouble-some affections to which this canal is liable, and thus supplying a need in the literature of the subject which all have felt. We can most heartily commend the book to practitioners as a volume necessary to their libraries.

THE NATIONAL DISPENSARY.1

We are pleased that the rapid sale of this work has called for the publication of a new edition, which, especially that portion of it devoted to the therapeutical action of drugs, is vastly improved. In the preface to this second edition it is stated that "the new matter embraced in the text of the present edition is equal to nearly one hundred pages of the first edition; these additions comprise in part nearly the entire German Pharmacopeeia and numerous articles from the French Codex. . . . The Therapeutical Index has been extended by about two thousand two hundred and fifty new references, making the total number in the present edition about six thousand. The articles there enumerated as remedies for particular diseases are not only those which, in the author's opinion, are curative or even beneficial, but those also which have at any time been employed on the ground of popular belief or professional authority."

A careful comparison of the two editions induces us to indorse the above extracts, and to recommend this book to our readers as one that contains a large amount of information upon the therapeutical uses of drugs of the materia medica; indeed, the action of most of those which have lately been presented to the medical profession is fairly related.

The article on arsenious acid, which is the main article on arsenic, has been improved by the addition of new material, and especially by the introduction in the context of the proper doses of officinal preparations. Another improvement is the mention throughout the book of doses expressed in the metrical system of weights and measures as well as in troy weight. New material has also been added to the article on digitalis. A valuable addition is the notice of that soft paraffine, which is known by the common name of vaseline jelly, and is useful in the preparation of certain ointments as a substitute for lard.

¹ The National Dispensary. By Alfred Stille, M. D., LL. D., and John Maisch, Phar. D. Second edition thoroughly revised, with numerous additions. Philadelphia: Henry C. Lea.

Among other articles which have been improved by the revision and addition of new material is that on jaborandi and pilocarpine.

The therapeutical portion of the work, though somewhat modified, is still apparently tinged with the individual opinions of the author.

THE LAWS OF THERAPEUTICS.1

This book appears to be a clinical record of the author's individual experience, with running comments on the use of medicinal agents and a historical record of the progress of therapeutics. The most valuable portion is that concerning the cases of disease which have come under the author's observation. In our judgment it would have been in better taste not to have mentioned the names of other physicians who had been previously summoned to these cases: for instance, in the cases presented on page 116 and on page 121 reference to the physicians therein named is of no advantage to the medical public; and such sentences as that on page 127, "What a boon to the patient when a dexterous knowledge of the science and art of medicine enables the doctor to prescribe what cures the disease permanently, and does not require perpetual dosing!" have more of the appearance of self-laudation than is consistent with modesty.

We are rather surprised that the author should advocate so strongly the doctrine of "similars," which hardly seems justified from a close study of the cases adduced to prove this so-called law. The post hoc proper hoc argument which Dr. Kidd illustrates on page 142 has led him astray from the establishment of definite laws of therapeutics. On the whole, we fear that the publication of this book will hardly advance the scientific knowledge of the use of medicinal agents.

THE NATURE OF MALARIA.

AFTER the meeting of naturalists held at Cassel in September, 1878, Professor Klebs, a German, and Signor Tommasi-Crudeli, an Italian, determined, if possible, to solve the question whether the substance which causes malaria is due to the formation of gaseous products in the soil, or is rather to be attributed to organisms such as of late years have begun to be recognized as the causes of other infective diseases. They selected the Roman Campagna as their field of operations, and began their investigations last spring. The result of their researches up to that time were communicated by Tommasi-Crudeli about the 1st of June to the Reale Academia dei Lincei, and received the attention of an article in the August number of the Practitioner. These gentlemen first investigated the action upon the living organism of various sorts of earth, air, and water of malarious places, the solid parts, including the microscopical parts, of the substances which had been recognized as capable of producing malarious infection being subsequently separated from the liquid

¹ The Laws of Therapeutics; or, The Science and Art of Medicine. By JOSEPH KIDD, M. D. Philadelphia: Lindsay and Blakiston. 1879.

parts to discover separately the morbid action of each, which action, in the case of the various residua, was in its turn tested by injecting them into the subcutaneous cellular tissue of rabbits, and tracing a curve of the temperature, and finally making post-mortem examinations of the animals. The three points sought as proofs were regular intermissions of temperature, swelling of the spleen, and absence of pathological alterations due to other diseases. The results of their observation they sum up as follows: (1.) The malarious poison is found extensively and in great quantity in the soil of malarious regions, even at a season in which it does not usually produce malarial fever in man-(2.) This poison may be gathered in such seasons in the strata of air which are found in immediate contact with the surface of the soil in places favorable to its production. (3.) Stagnant water in malarious regions does not seem to contain the malarious poison at this season, although it may be very rich in low organisms; a large quantity of water hinders the development of the malarious poison by rendering its germs inactive. (4.) The infection of liquids obtained directly from the soil or from artificial culture, and of the residue obtained by filtration from the cultivated liquids, always caused in the animals experimented upon a fever with a typically regular course, and with intermissions which, in some cases, lasted as long as sixty hours, and with a rise of temperature which might attain 41.8° C., the normal temperature of the rabbits being 39.5° C. The filtrate from the liquids, even when injected in quantities five times as great as that of the liquids themselves, produced only slight increase of temperature of an intermittent character; this negative result was obtained even by simple filtration through doubled paper, the usual filtration being through filters of plaster of Paris. In all the animals infected with malarious fluids very marked swelling of the spleen was found, and frequently black pigment in large quantities. These investigators conclude that the organisms which are to be regarded as the true causes of malaria belong to the genus bacillus. In the soil of malarious regions they are found in the form of numerous spores, which have the power of independent motion and strongly refract the light. They have an elongated, oval figure, and a maximum diameter of 0.95 millimetres. They develop either within the body or in cultivating apparatuses into long filaments, at first homogeneous, but later undergoing transverse fission, being converted thereby into a chain, in the interior of each link of which new spores develop. This plant does not develop in water, but in liquids rich in nitrogenous substances.

These observations have much interest and importance from the philosophical care and ingenuity with which they were conducted, from their leading us in the direction which seduced Dr. Salisbury, of Ohio, fifteen years ago, from the lasting and insidious influences of the malarious taint in a constitution which it has once invaded, in this respect rivaling even the syphilitic poison, and from the increasing area and vigor of the poison in some of the most attractive and populous parts of our own country.

We hear of places in the neighborhood of New York where previous generations have lived with apparent impunity in which the descendants do not thrive, and we believe ourselves to be correct in stating that malaria has invaded even such a spot as West Point, which certainly was formerly free from

it, and which from its situation would have been thought likely to enjoy a continued immunity. Any investigations which promise to reveal to us the real nature of this hitherto mysterious poison, of its mode of action upon the human economy, or of the mode of action of quinine upon it cannot fail to be extremely welcome, and we hope to hear again from Messrs. Klebs and Tommasi-Crudeli.

DIPHTHERIA IN PITTSBURGH.

In the Report of the Board of Health for 1878 we find an interesting account of the prevalence of diphtheria in Pittsburgh during the two years ending July 31, 1879. In that time there were nine hundred and eighty-four deaths, the population being now estimated at one hundred and forty-five thousand. The infected district is of ninety acres in extent, and lies at the foot of an abrupt hill, four hundred and fifty feet high. In that district diphtheria began to prevail in August, 1877, causing forty-three deaths in that month. An invasion so sudden and destructive, restricted mainly to a particular locality, it was thought, could not possibly have been propagated with sufficient rapidity to produce such results exclusively by contagion, while the evidence was strongly presumptive that in the sewers, particularly the one through Washington Street, in which a mass of filth from one foot to three feet in depth had accumulated, the specific poison, germ, morbid principle, or whatever it may be called, which causes the disease known as diphtheria had found a lodgment and a favorable soil for its development and multiplication. To the local sewers, undoubtedly, was due the fact that the disease selected this district as its habitat, and from this locality as a centre radiated, presumably by virtue of its contagious properties, in every direction. This sewer had twenty-nine street-drops, none of them trapped, into one of which a slaughterhouse discharged its refuse. It had not been cleaned for twenty-eight years, and in 1877 was "choked" for two thousand feet of its length. Another infecting sewer passing up the hill apparently served to ventilate the low-ground sewer, and also to carry off the filth from several slaughter-houses. A violent rain storm on July 27th filled up the sewers, forcing the gases into the houses, which were unprotected by adequate street ventilation or suitable internal drainage, and the outbreak of diphtheria occurred a few days later. August 12th and 15th the sharp rains were followed by sudden increase in the disease. The same district has been ravaged with the whole class of low fevers, and even malarial fever originates there. The low sewer was diverted from its original purpose of draining the soil, and was never smooth and of proper grade to be self-flushing. The thorough drainage and sewerage of the city, as recommended, of course, is the only remedy for such a state of things. That the board of health has been vigilant and active to do its part is easily inferred from the fact that they abated during the past year 9568 nuisances, of which 1683 were caused by full, leaking, or foul privy-wells.

MEDICAL NOTES.

- Dr. Rosa Welt, a young lady of Vienna, has received the appointment of assistant to the chair of ophthalmology in Berne.

— The British Medical Journal of October 11th gives an interesting sketch of the methods of the preservation of subjects in London dissecting rooms. At Guy's the subjects are injected by the Howse method, glyceriue and arsenic, but are afterwards put into a carbolic acid solution. At St. Mary's the injecting material is composed of vermilion, arsenic, plaster of Paris, and size. At Middlesex Hospital, arsenic in a solution of carbonate of potash was used, the subjects being afterward wrapped in carbolic acid cloths. At University College, carbolic acid in glycerine is the injecting material. In other schools, chloride of zinc, bichloride of mercury, arsenite of soda, arsenic, creosote, and soda, etc., etc., are used in various combinations. Not one of these schools, however, made use of a solution of chloral, as first used by Dr. Keen, of Philadelphia. This is an economical and perfectly satisfactory method of preservation. Under its influence subjects not only remain sweet for weeks, even in warm weather, but the muscular tissue retains its normal flexibility and brightness of color.

— An English physician in Jamaica W. I., writes the British Medical Journal that in performing an autopsy on the body of a coolie child he found no kidney on the right side. On the left, however, there was a double kidney, or rather two kidneys, connected at their apices by a prolongation from the cortical substance of each. Each kidney had a separate ureter, the two uniting and forming a single tube just before its entrance into the bladder. The organ which represented the right kidney was the smaller of the two, and both appeared to be healthy. Otherwise the organs of the child were normal.

— Ergot is now recommended as a local remedy in catarrhal affections of the eye and throat. In chronic conjunctivitis the strength is .65 of the extract to 32 of water, a little glycerine being added to preserve the drug. In throat affections it forms an excellent element in a gargle, or may be applied in combination with the tincture of iodine. In nasal catarrh it may be applied by means of gelatine bougies.

— The Medical Press and Circular vigorously indorses the vote of the council of the English Pharmaceutical Society to admit two ladies to the society. The president alone dissented. This journal justly remarks: "We have already deprecated the exclusion of women from the medical profession by any special regulation, while at the same time we expressed our firm conviction that, as a rule, ladies are in all respects unsuited for anatomical study or practice. We do not, however, see their incapacity for dispensing medicines, and therefore claim their right to a fair stage and no favor."

— Says the Medical Press and Circular: "A literary wit of scientific tendencies is rather hard upon Professor Tyndall, and thinks that the dean of Westminster, when he married him a short time since, missed his opportunity. He is of opinion that when the dean put the familiar query in the marriage service, it should have run thus: Do you take this anthropoid to be your coordinate, to love with your nerve centres, to cherish with your whole cellular

tissue, until a final molecular disturbance shall resolve its organisms into its primitive atoms! The learned professor would probably have thought twice before auswering, I will!"

—The number of medical students in the principal German universities for the summer session of 1879 was as follows: Vienna, 697; Munich, 503; Wurzbarg, 458; Dorpat, 436, Berlin, 412; Leipzig, 389; Greifswald, 244; Breslau, 181; Freiburg, 174; Tübingen, 174; Zurich, 168; Strasburg, 166; Bonn, 144; Halle, 143; Göttingen, 141; Berne, 138; Graz, 137; Heidelberg, 136; Marburg, 126; Königsberg, 125; Erlangen, 121; Jena, 100; Giessen, 98; Kiel, 97; Bale, 77; Rostock, 37.

— The British Medical Journal, October 18th, states that not a single fatal case of small-pox was registered the previous week in London, or either of the nineteen other large English towns. Two deaths from the disease occurred in Dublin.

NEW YORK.

— From the report of Dr. John T. Nagle, chief of the Bureau of Vital Statistics, for the three months ending September 30th, which has just been completed, we learn that during the quarter 7686 deaths occurred in the city, representing an annual death-rate of 28.01 per thousand of the population. This of course includes the period when the mortality is always much larger than at any other time during the year. There were forty-one fewer deaths in the same quarter of 1878, but the death-rate was then actually larger (being 28 22), as the population was about fourteen thousand less than in the summer of 1879. There were 6524 births during the quarter, as compared with 6762 during the corresponding quarter of last year.

The deaths in the first three quarters of each year since 1871 compare as follows: 1871, 21,076; 1872, 26,292; 1873, 22,690; 1874, 21,719; 1875, 24,162; 1876, 23,335; 1877, 20,214; 1878, 20,643; 1879, 21,868. The number of deaths during the third quarter of 1879 from contagious and other prominent diseases as compared with the number during the corresponding period of 1878 was as follows:—

														1879.	1878.
Small-pox .														13	0
Measles														72	23
Scarlatina .														176	46
Diphtheria														101	152
Whooping-cough		3	10					0						94	138
Typhus fever .			,											2	1
Typhoid fever					ñ									58	93
Diarrhœal diseases														2084	2119
Pneumonia .					0									309	not stated.
Membranous croup	4			T.		6								72	50
Cerebro-spinal fever		3		1	ĺ	115	8		13	100				30	not stated.
Malarial forom				,		n.					0			137	117

— About a month ago a pregnant woman was admitted to Charity Hospital, Blackwell's Island, suffering, as was supposed, from violent treatment at the hands of her husband, with whom she stated that she had quarreled. She continued to grow worse, and after a time it became so evident that she was sinking that the coroner was summoned to take her ante-mortem statement,

in which she accused her husband of kicking her. Afterwards, when she was about dying, the Cæsarean section was performed upon her, and a living child was extracted from the uterus. She did not long survive the operation, but when the coroner's physician made an autopsy, the day following her death (October 22d), he discovered the body of a second child in the uterus, which curiously enough, had entirely escaped the notice of the surgeon who had made the abdominal section. There were no marks of violence visible about the woman, but the kidneys were found to be in an advanced state of disease.

— The Mount Sinai Hospital, which was built and is supported by the Hebrews of New York, has just been renovated throughout, while a number of improvements have been made in its arrangements for the better accommodation of patients. In honor of the completion of these improvements, a reception was given at the hospital on Sunday, the 26th, which was largely attended by those interested in the institution. Of late several large contributions have been received by the managers, the principal one being a gift of

twenty-five thousand dollars from Michael Rees, of California.

- The New York Flower Charity has just brought its work for the season to a close. Since its opening in the spring it has received and distributed no less than one hundred and forty thousand bouquets in one hundred and two different hospitals and other charitable institutions, besides among the sick in the tenement houses. Last week a very interesting "praise service of the flowers" was held at the St. Cloud Church, on Orange Mountain (which was beautifully decorated for the occasion), by way of completing the summer's work of the congregation in this direction, and Miss Russell, the originator and still the secretary of the New York society, was herself present. There was appropriate music, with addresses and recitations (some of them by little girls of the Sunday-school) on the beauty and ministry of flowers, and Mr. John Crosby Brown read a number of extracts from letters written by ladies who had assisted in the distribution of the bouquets, describing with what marked appreciation they were often received. During the past season over ten thousand bouquets have been sent to New York by the St. Cloud Church. At Christmas it is proposed by the managers of the Flower Charity to decorate all the hospitals and asylums with evergreens, bright-colored berries, and illuminated mottoes, which will be allowed to remain in position for the rest of the winter.

— At the seventy-fourth annual meeting of the County Medical Society, held October 27th, Dr. Alfred E. M. Purdy, late vice-president, was elected president, and Dr. Horace P. Farnham, late treasurer, vice-president. The following gentlemen were elected honorary members: Frederick D. Lente, M. D., of Saratoga Springs, N. Y., John S. Billings, M. D., of Washington, and Gaetano La Logia, M. D., of Palermo, Italy.

— Dr. Matthew D. Mann, recently of New York, but now of Hartford, Conn., has been elected clinical lecturer on gynæcology in the Yale Medical School. Dr. Mann is a graduate of the academic department of Yale, class

of '67.

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CLINIC OF ABRAM JACOBI, M. D.,1

CLINICAL PROFESSOR OF DISEASES OF CHILDREN AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Hamatoma of the Facial Region. — Gentlemen: The child who will first engage our attention to-day fell down about four weeks ago and struck his face a little below and to the right of the right eye. There was never any discoloration more than a little redness, but there soon followed some swelling at the seat of injury, which increased gradually in size for four or five days, and then remained stationary for a week, after which it began to diminish slowly. At present you observe some tumefaction of the part, and upon palpation we find that it gives a slight sensation of fluctuation.

The above history is that of an ordinary hæmatoma, which, as you know, comes from hæmorrhage resulting from injury to blood-vessels by violence. These tumors are generally formed between the bone and the periosteum, which circumstance occasions in the beginning the formation of a peculiar raised ring upon the surface of the bone, this being the result of the development of new bone from the periosteum. This feature we never miss in the hæmatomata seen on the heads of new-born children in the region of the parietal or occipital bones, and its absence in the present instance is the only point against the diagnosis of hæmatoma. The reason that this sign is wanting here is probably because the tumor is situated in the subcutaneous tissues.

On more careful palpation, I find that there is undoubtedly a little fluid which has not as yet been absorbed. In the absorption of the blood in these cases the serum disappears first, and then the solid constituents at a later period, when granular degeneration is taking place in them. Another termination is possible also, and that is, the remnants of the hæmatoma may become encysted. This is a common occurrence when the dura mater is the seat of the trouble.

Fracture of the Clavicle. - This boy, between four and five years of age, had a fall a week ago, after which it was noticed that there was something wrong about the left shoulder. It is on account of this that he is brought here to-day. The first thing that we notice when the child is stripped is that there is a want of symmetry between the two shoulders, there being a decided falling and carrying forward of the left one. Then, when we compare the clavicles, we find that while the line of the right is quite distinct and normal in position, this is not the case in regard to the left. On palpation there is decided thickening at one point along the latter, and there can be no doubt that the bone has been broken, and that this is a deposit of callus at the seat of fracture. The fracture, then, has partially healed of itself, and the process would certainly go on to completion if it were left simply to nature. Permanent deformity would, however, result, because the clavicle had not been retained in position. It is not too late to obtain a good result in this case, and the means for accomplishing it are of the simplest, merely a handkerchief and some pins being required. By the use of these all the indications for treat-

¹ Reported for the JOURNAL.

ment can be fulfilled, and the child will not be annoyed by any cumbersome apparatus.

Cervical Abscess. - Our next patient is an infant upon whose neck a swelling made its appearance about six weeks ago. As you see, it is in the neighborhood of the parotid gland, and it has been discharging pus for some time, so that the child seems to be growing weaker and weaker. The question which naturally comes up first is, whether it is simply glandular or periglandular, or whether there is any bone disease connected with it. I think we can decide, however, that the bone is not implicated, because we cannot feel anything abnormal about the bone with the finger inside the cheek, and because no dead bone can be detected by means of a probe inserted into the opening of the abscess. Then the mass is movable, and it has not at all the appearance of being connected with bone. It is unusually hard, and it is probable, therefore, that the gland is perforated by the abscess. The probe passes two and a half inches in it up to the lower end of the ear,

The mother has been keeping flaxseed poultices applied to the swelling, and four weeks ago she says it was lanced. After that it grew less in size and then enlarged again, and this process has now been repeated a second time, the tumor having become unusually large during the last four days. It is possible, therefore, that the mass may be suppurating in two or three places independently; or, in other words, that there may be both glandular and periglandular abscesses. I purpose to put the whole in as favorable a condition as possible, and will order the injection of a weak solution of carbolic acid four or five times a day. In case the carbolic acid affects the urine, - which would be indicated by a black and smoky appearance, - it ought to be discontinued, and thymol (of the strength of one part to a thousand) or some other good disinfectant substituted for it. No other treatment will probably be required, at least for the present; but if new inflammatory action should be set up, the application of ice would be indicated.

Empyema. — This little girl, two years of age, is said to have had an attack of pneumonia when five months old, and a second one six months ago. She has had a cough, with some difficulty of breathing, ever since, and we now find that her pulse is 166, respirations 48, and temperature 101° F. She has, you notice, an expression of dyspnœa, and there is a peculiar moaning expiration in her breathing. The temperature is not very high, but it is sufficiently so to denote some febrile reaction. The proportion of 48 to 166 is also abnormal, and shows that there are a greater number of respirations than there should be. Hence we conclude at once that there is something wrong about the respiratory organs, and that this is probably either bronchitis or pneumonia. If uncomplicated pleurisy were present we should not expect so much cough as we find in this case.

On the left side of the chest posteriorly there is great dullness on percussion all the way down, while the respiratory murmur is considerably diminished, but not altogether abolished. The dullness is of so marked a character and so extensive that it seems likely that there is liquid in the pleural cavity. If this fluid is purulent, of course the indication is for its removal, and on withdrawing a little of it by means of the hypodermic syringe I find that such is the case. Yet the respiratory murmur, as I mentioned, is not wholly

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absent, and then the respiration of the other lung may also be heard to some extent when the ear is applied to the left side of the chest. Had not the crucial test of the hypodermic syringe been applied here we might perhaps have suspected that the dullness was really due to exudation thickening of the pleura.

There is but one indication here, and unless this is fulfilled the child will undoubtedly die. Aspiration will probably be quite sufficient in a case of this kind. We do not know to how great an extent the lung may be bound down by adhesions, but if it is not too tightly held it will expand when the pressure of the fluid is removed from it. If the expansion is not complete we may expect that the ribs will fall in, since their ossification is not by any means completed. Were this little patient in such a position as to receive proper care I should hope for her recovery in from four to eight weeks. As her mother is circumstanced, however, I do not think it will be possible for her to receive the attention that her case demands, and I shall therefore urge that she by all means be sent to a hospital. But, as a rule, people in this woman's position in life would rather have their children die on their hands than give their consent to allowing them an excellent chance of getting well in institutions where they will get the best of care. The possibilities here are all in the child's favor if the mother will permit her to be sent to a hospital, and as she seems like a very sensible woman I trust that she will do this for the little one's interest. I would not think for a moment of aspirating here at the clinic and then sending the child home afterwards, on account of the danger involved.

This is the second case of the kind that I have seen within four hours in which a diagnosis of pneumonia has been made, and they should both serve as a warning to us, as we cannot be too careful in such a matter. Unless great caution is observed, we are liable to allow the fact of the presence of empyema to escape our attention, and either to attribute the trouble present to pneumonia, or else to pass it by altogether. Even when simple pneumonia is present we should be on our guard lest pleuritis should intervene. In one case which I was treating for empyema on one side of the chest, I was very much astonished to find that the same trouble had developed on the other side also. Hence, as I said, we cannot be too watchful in regard to this condition, which is, I believe, of more common occurrence than many would suppose.

SHORT COMMUNICATIONS.

ELECTROLYSIS OF UTERINE FIBROIDS.

BY EPHRAIM CUTTER, M. D.

In the proceedings of the Obstetrical Society of Boston, published in the Boston Medical and Surgical Journal, October 23, 1879, pages 594, 595, and 596, is a report of a fibrous tumor of the uterus healed by electrolysis, reported by Dr. Bixby. Line forty-one reads: "He had been told by Dr. Kimball that the latter had repeatedly seen growths disappear after the insertion of a trocar in the expectation of evacuating fluid." Dr. Kimball affirms that the gentleman who made the statement labors under a mistake, — that he said no such thing.

Page 596, line four, reads: "Its utter failure to effect the cure of ovarian tumors, as

recently claimed with a great flourish of trumpets by Dr. Semeleder, and of cancers by Dr. Neftel, is sufficiently evident."

While I do not approve of Dr. Semeleder's mode of presentation, still, if the speaker will consult the records of his own gynæcological association, he will find that Dr. Mundé's late paper relates cases of positive cures. While, also, I do not know personally anything of Dr. Neftel's cures, I do know that Dr. Muzzy, of Cincinnati, personally assured me that his reported case of cancer of the hand was cured. We quote further: "With reference to the so-called electrolytic treatment of fibroids by Dr. Cutter, it should be known that his battery is universally admitted by electro-therapeutists to be so constructed as to produce on appreciable electrolytic action; so that if any electric current is transmitted by him it is certainly not electrolytic, but more probably caustic." Dr. Webber said in substance that the Cutter battery did not produce electricity enough to act through a thin layer of water. I have nothing to say but to quote history.

In the Southern Clinic, Richmond, Va., January, 1879, is a contribution by Dr. A. C. Garratt, of Boston, entitled Electricity employed by a New Method in Gynæcology, read before the Gynæcological Society of Boston, June 13, 1878. Page 127, line three, reads: "Now are we not in a position to assume the main fact in question, that such one-cell current does actually pass through fibrous matter when between such electrodes and not only one inch, but through many inches of it, whether alive, moist and warm, or bloodless, dead, or cold? This we can demonstrate before you. So observe that while this one-celled current is steadily working through four or five inches of fibrous meat, just taken from the refrigerator, the galvanometer needle is deflected and held at ninety degrees. It is shown again, you see, by the resistance tremble in the rheostat; also by this coagulation of albumen; also by the black cloud growing in this white iodized starch; and as I assure you it is seen by twitchings of muscles." The witnesses of this record are the members of this society who saw the above.

Last May I reported the following case to the American Medical Association: November 16, 1878. Mrs. Mrs. Mr., Cambridge. Present Drs. Garratt and Warner, of Boston, Wheeler and Weeks, of Chelsea, Marcy, Norris, and Maeder, of Cambridge, Bartlett, of Woburn, and myself. The carbon electrode was introduced into the large fibroid through the abdominal walls. The zinc was introduced through the rectum. Current passed four minutes. Dr. Garratt intercalated a galvanometer, and the needle was deflected one hundred and seventy degrees.

In the New York Medical Record, March 17, 1879, page 162, column two, line forty-seven, Dr. George M. Beard writes: "The method adopted by Drs. Kimball and Cutter has been criticised in an article in the Boston Medical and Surgical Journal by my friends Drs. Webber, of Boston, and Hutchinson, of Providence. Dr. Webber suggested that only heating effects could be obtained, and there would be no electrolysis at all when a large cell was connected with a solid fibroid in the method of Drs. Kimball and Cutter. This criticism is doubly incorrect."

In a paper on Sprague's galvanometer, read to the Illinois State Medical Society, May, 1878, Dr. David Prince proved that it had a current, alluding to Drs. Webber and Hutchinson. Drs. Semeleder, Louis Elsberg, J. J. Caldwell affirm the same. Also Prof. Moses G. Farmer. About one year ago I demonstrated a current with my battery No. 1 to the Suffolk District Society, through four inches of beef. To me this subject has the flavor of a dead issue.

In closing, Case XVII., operated on thrice in November, 1878, reported as reduced one half, was examined October, 1879, and the tumor was found to have entirely disappeared.

94 TREMONT STREET, BOSTON, MASS., October 29, 1879.

UNUSUAL VOMITING.

Mr. Editor,—I was called, September 26th, to attend a young lady, A. M. C., aged twenty-four years, a domestic, for vomiting. Upon my arrival, the family informed me that she had been vomiting bile for eighteen hours. She was greatly depressed, and her condition excited a good deal of alarm. Bismuthi subnit., potass. brom., hydg. cum cretâ, ammo. mur., etc., were prescribed as she would bear them, and after four days she was able

to retain a little nourishment. There was no pain until October 1st, and then she was attacked with a severe cramp in the region of the sternal end of the last rib; next day extreme tenderness followed. This state of things lasted for five days, and vomiting again set in. The substance vomited was about one half a cupful of pus mixed with blood, very offensive. The next day pain and soreness began to diminish, and convalescence commenced, but she continued to expectorate rusty sputa for a number of days. No cough. I could detect no dullness or rales in any part of the lungs.

I would like to hear from some of the readers of the JOURNAL of any like experience and result, and if any one would like a more minute description will gladly give it.

FREEPORT, Me., October 24, 1879.

J. G. PIERCE.

THE ADMISSION OF WOMEN TO THE MASSACHUSETTS MEDICAL SOCIETY.

Mr. Editor, — Having been one of those present at the October meeting of the councilors of the Massachusetts Medical Society, when the question of admitting women to examination by the censors for admission to membership, I must confess that I read with surprise the editorial in the Journal of the week. That a majority of forty-eight to thirty-two, one half of the whole number of the minority, one fifth of the aggregate vote, should be called small seemed to me either excessively unfair or very careless. Then the assumption of superiority pervading the tone of the article, announcing that if the majority did not reverse their action they would be disgraced, and asserting as an undoubted fact that the society at large would reverse the action of their council. Whereas the very report, in consequence of which this vote of the council was taken, shows seventy-one per cent. favorable to the admission of properly qualified women to full membership in the Massachusetts Medical Society, as shown by the replies from the society at large to a circular addressed to them by the Middless District Medical Society.

Then, again, with regard to the fears expressed for the endangered modesty of the Fellows, the writer of the article fails to perceive any danger of immodesty from conversation with females upon delicate subjects who are not practitioners of medicine, whereas it seems to me that the admission of women to the practice of medicine would tend to diminish the amount of conversation between those of different sexes upon such subjects.

Then, still again, as to the fear expressed of loss of scientific status, I do not see that the Medical Society of New York has suffered in its scientific reputation because it has admitted women to membership, and has been even presided over at its meetings by Mrs. Jacobi, who received a Boylston prize for a very valuable paper on menstruation, in competition with several other very able papers on the same subject. The medical societies of North Carolina and Rhode Island have also admitted women to membership, and I have not yet seen this fact spoken of as any indication of their scientific decadence. That there should be a difference of opinion upon this as upon almost every other new subject is to be expected, but it does not seem decorous in a medical journal to set up its opinion as so very conclusive in speaking of the action of a large majority of the chosen councilors of the medical society of the State.

S. Cabor.

[The above is perhaps a fair sample of the sort of argument to which we are accustomed from the woman side of the question; as to the charge of discourtesy in our editorial, we think we can safely leave the two articles to the judgment of our readers. It will be observed, however, that our argument has hardly been touched upon.—ED.]

REPORTED MORTALITY FOR THE WEEK ENDING OCTOBER 25, 1879.

	Donale		W. Carlotte	Percentage of total Deaths from								
Cities.	Popula- tion estimated for July, 1879.	Reported Deaths in each.	Deaths under Five Years.	The Principal "Zymotic". Diseases.	Diphtheria and Croup.	Lung Diseases.	Diarrhoeal Diseases.	Scarlet Fever.				
New York	1,085,000	509	224	20.24	5.50	16.70	7.27	1.77				
Philadelphia	901,380	248	-	9.27	4.08	7.66	2.02	1.21				
Brooklyn	564,400	190	85	22.63	16.32	8.95	5.26	-				
Chicago	-	179	75	26.82	16.20	5.59	1.68	5.59				
St. Louis	_	87	36	13.79	4.59	5.75	8.45	-				
Baltimore	393,796	131	65	33.59	16.03	3.82	6.11	6.11				
Boston	360,000	138	52	23.19	5.79	6.52	10.14	2.17				
Cincinnati	280,000	74	85	16.22	5.41	6.76	8.11	1.35				
New Orleans	210,000	-	_	-	-	_	_	_				
District of Columbia	170,000	71	25	22.53	4.23	9.86	9.86					
Cleveland	160,000	41	20	41.46	24.39	4.88	2.44	4.88				
Pittsburgh	_	45	25 20 28	85.56	15.56	13.33	4.44	6.67				
Buffalo	-	-	19	-	-	_	-	_				
Milwaukee	127,000	35	19	11.43	5.71	20,00	5.71	-				
Providence	101,500	48	22	47.92	10.42	4.17	2.08	33.3				
New Haven	60,000	17	7	11.76	5.88	_	-	-				
Charleston	57,000	15	7 5	26.67	-	-	13.33	-				
Nashville	27,000	-	- 1	-	-	-	-	Ξ				
Lowell	53,300	23 18	- 1	17.39	13.04	13.04	-	-				
Worcester	52,500	18	5	7.70	-	7.70		-				
Cambridge	50,000	18	5.	11.11	11.11	_	-	_				
Fall River	48,500	_		-	_	-	Ξ	=				
Lawrence	38,200	17	7	23.53	17.65	5.88	-	-				
Lynn	34,000	13	7 6	38.46	30.77	_	-	-				
Springfield	31,500	_	- 1	-	_	-	-	=				
New Bedford	27,000	12	2	33.33	25.09	-	-	-				
Salem	26,400	6	2 4	33.33	16.67	-	16.67	_				
Somerville	23,350	9 5 7 5	3 1	22.22	_	_	11.11	_				
Chelsea	20,800	5	3	20.00	20.00	-	_	-				
Taunton	20,200	õ	1 1	_	_	20.00	-	-				
Holyoke	18,200	7	-	28.57	-	_	-	28.5				
Floucester	17,100	5	8 8	_	_	-	-					
Newton	17,100	5	8	60.00	20.00	20.00	40.00	_				
Haverhill	15,300	9		11.11		_	-	-				
Newburyport	13,500	6	1	-	_	_	-	-				
Pittsfield	12,650	8	1 - 1	_	_	_	-	_				
Pitchburg	12,500	2	-	_	_	_	-	-				
Milford	9,800	A .	1	50.00	25.00		25.00	111111111				

Nineteen hundred and ninety deaths were reported: principal "zymotic" diseases (smallpox, measles, diphtheria and croup, diarrhoal diseases, whooping-cough, erysipelas, and fevers) 432, consumption 326, lung diseases 186, diphtheria and croup 182, diarrheal diseases 106, scarlet fever 57, typhoid fever 36, malarial fevers 23, whooping-cough 17, erysipelas seven, cerebro-spinal meningitis four, measles none, small-pox none. From scarlet fever, Providence 16, Chicago 10, New York nine, Baltimore eight, Philadelphia, Boston, and Pittsburgh three, Cleveland and Holyoke two, Cincinnati one. From malarial fevers, New York 10, Chicago and St. Louis three, District of Columbia and Charleston two, Brooklyn, Baltimore, and Cleveland one each. From whooping-cough, New York six, Baltimore and Boston three, Brooklyn, Cincinnati, District of Columbia, Cleveland, and Pittsburgh one each. From erysipelas, New York three, Philadelphia two, St. Louis and Pittsburgh one each. From cerebro-spinal meningitis, New York, New Haven, Worcester, and Somerville one each. From trismus nascentium, District of Columbia two, Baltimore one. Nashville reports two deaths from cerebro-spinal meningitis and one from diarrhoal disease, total deaths not given. Diphtheria, consumption, and lung diseases showed an increase over the previous week to equal the fatality two weeks before; diarrhea continued to decline; typhoid fever has been declining for three weeks, while scarlet fever remained the same; malarial fevers and whooping-cough were less fatal than in the preceding week, and the deaths from measles declined to nothing. In 18 of the cities and towns of Massachusetts scarlet fever and diarrhoea were declining.

The thermometer in Philadelphia, Brooklyn, and Baltimore averaged for the week 52.8°, 52.31°, and 54.1° F. In Cleveland the weather was snowy, cold, and stormy; in Milwaukee turning cold. The meteorological record for the week in Boston was as follows:—

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	Barom- eter.	Thermom- eter.			Relative Humidity.				Direction of Wind.				Velocity of Wind.			tate	Rainfall.		
Date.	Mean.	Mean.	Maximum.	Minimum.	7 A. M.	2 P. M.	9 Р. Ж.	Mean.	7 A. M.	2 г. м.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	7 A. M.	2 P. M.	9 P. M.	Duration.	Amount in Inches.
Oct. 19 " 20 " 21 " 22 " 23 " 24 " 25	29.970 30.187 30.179 30.192 29.867 30.107 30.627		65 52 71 67 73 56 39	39 35 36 53 56 31 26	100 70 68 93 100 59 54	49 28 21 64 66 41 38	49 61 42 88 59 43 39	66 58 44 82 75 48 50	W W S S NW W	NW NW W S SW NW NW	NW W SW SE NW W	10 11 4 5 20	12 12 10 22	12 3 11 13	R C C R G F	F O F O F	C C F F C C	6.88 - 6.50 .88 1.50	.24
Week.	30.161	49	60	39				60		NW			200k					15.67	.28

1 O., cloudy; C., clear; F., fair; G., fog; H., hazy; S., smoky; R., rain; T., threatening.

The epidemic of yellow fever in Memphis is virtually at an end, and people have freely returned to their homes.

For the week ending October 4th, in 149 German cities and towns, with an estimated population of 7,615,560, the death-rate was 24.7 against 25.3 of the previous week: diarrheal diseases 618, pulmonary consumption 400, acute diseases of the respiratory organs 231, diphtheria and croup 101, scarlet fever 77, whooping-cough 62, typhoid fever 61, measles 23, puerperal fever 12, small-pox two (Beuthen and Dresden), typhus fever none. The death-rates ranged from 9.6 in Kiel to 41.6 in Frankfort-on-the-Oder; Munich 35.5; Berlin 24.5; Leipsic 21.8; Hamburg 24.6; Hanover 17.3; Bremen 16.7; Cologne 25.2; Frankfort 16.5. Also for the same week, Vienna 24.1; Paris 24.7.

For the week ending October 11th, in the 20 English cities with an estimated population of 7,383,999, the death-rate was 19.6 against 19.9 of the previous week. Two thousand seven hundred and seventy-one deaths were reported: diseases of the respiratory organs 190, scarlet fever 151, diarrhœa 149, measles 62, whooping-cough 52, fever 41, diphtheria 19, small-pox none. The death-rates ranged from 13.7 in Bristol to 24.5 in Liverpool; London 19.7; Birmingham 16.4; Manchester 24.1; Leeds 18.7. Edinburgh 19, Glasgow 18, Dublin 29. In the 20 Swiss towns, diarrhea, typhoid fever, and lung diseases were very prevalent; whooping-cough and diphtheria moderately so; scarlet fever and small-pox to a slight extent. The death-rates ranged 4.6 to 36.2; Geneva 24.7; Zurich 22.9; Basle 23.8.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM OCTOBER 24, 1879, TO OCTOBER 31, 1879.

IRWIN, B. J. D., major and surgeon. Having reported for duty at these head-quarters, he is assigned to duty at Fort Meade, D. T. S. O. 116, Department of Dakota, October 21, 1879.

WOLVERTON, W. D., major and surgeon. Assigned to duty at Fort A. Lincoln, D. T. S. O. 115, Department of Dakota, October 18, 1879.

GIRSON, J. R., major and surgeon. Having reported at these head-quarters, to proceed to Fort McHenry, Md., and report to the commanding officer for duty. S. O. 192, Department of the East, October 28, 1879.

TREMAINE, W. S., captain and assistant surgeon Fort Dodge, Kansas. Granted leave of absence for one month on surgeon's certificate of disability, with permission to leave the department and apply for two months' extension. S. O. 214, Department of the Missouri, October 27, 1879.

HALL, J. D., captain and assistant surgeon Fort Concho, Texas. Granted leave of absence for one month on account of sickness. S. O. 221, Department of Texas, October 20, 1879.

KILBOURNE, H. S., first lieutenant and assistant surgeon. Assigned to duty as post surgeon at Fort Porter, N. Y. S. O. 189, Department of the East, October 24, 1879.

HALL, WILLIAM R., first lieutenant and assistant surgeon. Upon the termination of his services at Camp Winfield Scott, W. T., to proceed to and take station at Fort Cœur d'Alene, Idaho. S. O. 142, Department of the Columbia, October 10, 1879.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY DURING THE WEEK ENDING OCTOBER 31, 1879.

SURGEON T. WOLVERTON detached from the Kearsarge and to hold himself in readiness for the U. S. S. Powhattan.

Passed Assistant Surgeon W. A. Corwin ordered to the U. S. S. Kearsarge.

Passed Assistant Surgeon Robert Swan detached from the Naval Academy and ordered to the U. S. S. Kearsarge.

Assistant Surgeon J. C. Byrnes detached from the U. S. S. Kearsarge and ordered to report, November 10th, at the Naval Hospital, Chelsea, Mass.

Assistant Surgeon S. H. Dickson detached from the Naval Hospital, New York, and ordered to the Naval Hospital, Norfolk, Va.

Passed Assistant Surgeon E. H. Green ordered to the Naval Academy, Annapolis.

The final examination in the medical department of Dartmouth College will be held on Monday and Tuesday, November 10th and 11th. The examiners are S. C. Wheeler, M. D., Portsmouth, N. H., I. A. Watson, M. D., Groveton, N. H., of the New Hampshire Medical Society, L. C. Butler, M. D., Essex, Vt., and George Dunsmore, M. D., St. Albans, Vt., of the Vermont Medical Society. The graduating exercises will take place in the college church, Tuesday evening.

BOOKS AND PAMPHLETS RECEIVED. — Cases of Hepatic Abscess, with Remarks upon the Varieties, Ætiology, and Diagnosis of the Disease. By Louis Starr, M. D. (From the Transactions of the College of Physicians and Surgeons of Philadelphia.)

Transactions of the Medical Society of New Jersey. 1879.

Hygiene of the Voice: Its Physiology and Anatomy. By Ghislani Durant, M. D., Ph. D. A New and Revised Edition. New York: Cassell, Petter, Galpin & Co. 1879. (Estes and Lauriat.)

Lunacy Reform. Historical Considerations. By E. C. Seguin, M. D. New York: G. P. Putnam's Sons. 1879.

Transactions of the Indiana State Medical Society. 1879.

The Treatment of Diseases by the Hypodermic Method. A Manual of Hypodermic Medication. By Roberts Bartholow, M. A., M. D., LL. D. Third Edition, enlarged. Philadelphia: J. B. Lippincott & Co. London, 16 Southampton Street, Covent Garden. 1879. (A. Williams & Co.)

The Pathology and Treatment of Venereal Diseases. By Freeman J. Bumstead, M. D., LL. D. Fourth Edition, revised, enlarged, and in great part rewritten by the Author and by Robert W. Taylor, A. M., M. D. With 138 Wood-cuts. Philadelphia: Henry C. Lea. 1879.

Hall's Metric Dose Book. Giving the Maximum and Minimum Doses of Drugs by the Metric System, etc. By Edward D. Hall, M. D. Harv. Boston. For sale by N. R. Campbell. 1879.

A Conspectus of three Different Forms of Acute Inflammatory Cardiac Disorder. By Roswell Park, A. M., M. D. Chicago. 1879.

Consumption, and How to Prevent It. By Thomas J. Mays, M. D. New York: G. P. Putnam's Sons. 1879. (A. Williams & Co.)

Duhring's Atlas of Skin Diseases. Part VI. Philadelphia: J. B. Lippincott & Co. 1879. (A. Williams & Co.)